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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death those (1) An accident of any activity of any provident of any prov	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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5-500	BALTIMORE CITY	HEALTH DEPARTMENT		017 11701
BIRTH NO. 67 11.	501 CERTIFICA	TE OF DEATH	Registered Na	67 11501
1. NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print) HERMAN A. C.	OHEN (HYMAN	11/24	167	5 P. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. It ins	titution: residence before odmissian)
FULL NAME OF (If not in haspital or institut	ian, give street	MARYLAND		
HOSPITAL OR oddress or lacotion) INSTITUTION		C. CITY OR TOWN (If guts	side city limits, write	dRAL ally give downship)
SINAI HOSPITAL		BALTIMORE		The Contract of the Contract o
1/3			ural, give lacation)	
5. SEX   6. RACE   7. MARI	RIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs.
MALE WHITE +	MARRIED (specify)	3-10-94	ost birthday) 73	Manths Doys Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if relired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
	VSULTANT	RUSSIA		U.S.A.
13. FATHER'S NAME		14. MOTHERS MAIDEN NAM	AE	
CHARLES COHEN		SARAH LEOH		
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (It yes, give wor or dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		MRS. REBA COHEN,	2900 GLEN	AVENUE, APT. B
1B	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0.		11-00-	
(This does not mean the made of dying,	e.g., (A) // R.7.	ERIOSC LEROTIC	MERKI	10 YRS.
heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)	ase,	1561456		
ANTECEDENT CAUSES	(B)	* ## **** *** * * * * * * * * * * * * *		
DISEASES OR CONDITIONS, if any, gi				
rise to the above 'cause (A) stating UNDERLYING CONDITION last.	the (C)			AAA 4 • • • • • • • • • • • • • • • • •
II				
Z	TING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i hame, form, factory, street, o	n or about 21 C. WHERE DID	(It in Boltimore	City, give exoct locotion)
DEATH (notify medical examiner)	etc.)			
OF INJURY (Month) (Doy) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Work Not While At Work			
22. I certify that (I) (this hospital) attend	ed the deceased fram	FALL 1	9.57 to	NOV. 24, 1967.
that (1) (we) lost saw the deceased alive	an Nov, 2	7, 19.6.7 and the	ot in(my) <del>(our)</del> apin	ian death occurred an the date
and haur and fram the causes stated abov	e. (I) ( <del>We)</del> (did) ( <del>did not)</del> v			
23A. SIGNATURE	7	/		23B. DATE SIGNED
marven Goldit	euc M.D. Atte		Statt Phys.	11/24/67
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	Λ	10
MARVIN GOLDS	TEIN M.D.	6001 PARK HEI	GHTS HUE.	DALTO. MD
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (Cit	y, lown, or county) (Stote)
700711	CHIZUK AMUNO ME OF REGISTRAR	25C. FUNERAL DIRECTOR	XXXX BALTIM	ORE, MARYLAND
100 1 1007 A) A	R. A. Fallens	ESOLITORERA DIRECTOR	The second second	010 REISTERSTOWN RD
		COL DETAILS		

12-30-	BALTIMORE C	CITY HEALTH DEPARTMENT	07 44509				
BIRTH NO.	67 11502 CERTIFIC	CATE OF DEATH Registered No.	6/ 11:000				
M.E. CASE NO.  1. NAME OF DECEASED	08 0	2. DATE AND HOUR OF DEATH					
(Type or Print) Here	Man & Baddock	11/26/67	9:07 Pm.				
3. PLACE OF DEATH IN BALTIM	ORE, MARYLAND	4. USUAL RESIDENCE (Where decended lived. If i	nstitution: residence before admission)				
FULL NAME OF (If not in	hospital or institution, give street	Md. Saltin	nore				
HOSPITAL OR address (INSTITUTION	or location)	C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)				
3 5 Tue Jouns	HOPKINS HOSPITAL	D. STREET ADDRESS (If rural, give location)	21-00				
33 THE OURKS	TIOPKINS HOSPITAL	7118 Boxford	Sm.S				
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.				
MALE WHITE	MARRIED (specify)	8-3-00 (lost bighay)	Monins Days Hours Williams				
10A. USUAL OCCUPATION (Give ki		TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
A'CCT. BOOKKEEPET		BALTIMORE, MARYLAND	U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
JOSEPH BADDOCK	<b>(</b>	EXIX BESSIE CANNAN					
15. Was Deceased Ever in U. S. A (Yes, no or unknown) (If yes, give w	or or dates of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
NO		MRS. JEAN BADDOCK. 7118 BO	OXFORD ROAD #21215				
18.420.1		E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDIT	TON DIRECTLY	1.	13 41.				
(This daes not mean the	made of dying, e.g., DUE TO	tcute Myo Cardialinen	Hoy racys				
heart failure, asthenia, etc.	II means the disease, a coused death.)		,				
ANTECEDENT	CAUSES (8)	FSCU D	3 years				
DISEASES OR CONDITIO	NS, il any, giving						
underlying condition							
li li							
OTHER SIGNIFICANT CONDITO THE DEATH BUT NO DISEASE OR CONDITION CA	TIONS CONTRIBUTING	W					
DISEASE OR CONDITION CA		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE	FINDINGS CONSIDERED				
	WAS PERFORMED	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?				
U 21A. ACCIDENT WAS UNDE	RLYING 21B. PLACE OF INJURY (e.		re City, give exact location)				
OR CONTRIBUTING CAUSI		t, office bldg., INJURY OCCUR?					
21D-TIME (Month) (Day	Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
(APPROX)	While AI Not Work At W	While Vork					
22. 1 certify that (this	hospital) attended the deceosed fram	11 22 1967 10	11/26/1967.				
that ( (we) lost saw the	deceosed olive on 11/24	19 6 7 ond that in my (our) ap					
and hour and from the cou	ses stoted obove. (We) (i) (did no	ot) view the body after deoth.					
23A. SIGNATURE 23B. DATE, SIGNED							
MULLER	1 Marisen My M.D.	Attending Med. Stoff Phys.	11/20/67				
PHYSICIANS )	4	23D. ADDRESS	C+ D II				
DR.	WELL WELLWING	1.D. 6062 E Yratt	21, Baltimore, M				
24A. BURIAL CREMATION, 24B. REMOVAL (Specify)			City, lawn, ar county) (State)				
	-28-67 SHAAREI ZION	BALTIMORE, MA					
25A. DATE REC'D 8Y HEALTH DE	and the second second	SOL LEVINSON & BROS. INC.	6010 REISTERSTOWN RD				
V\$ 150-REV. 1/1/65	987 DD R. P. Fallman						

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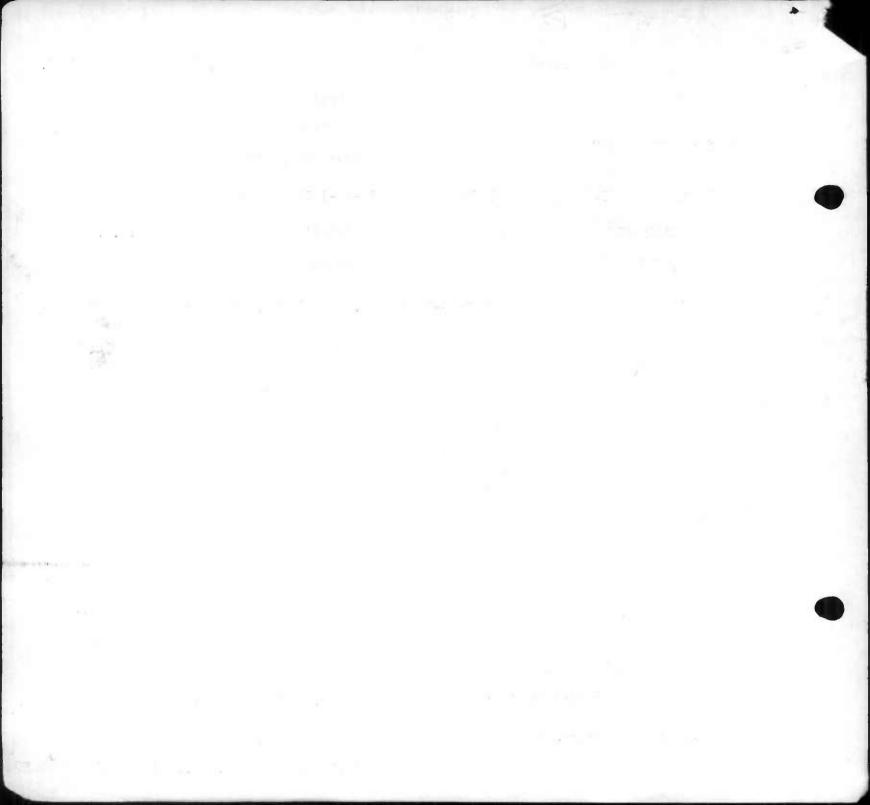
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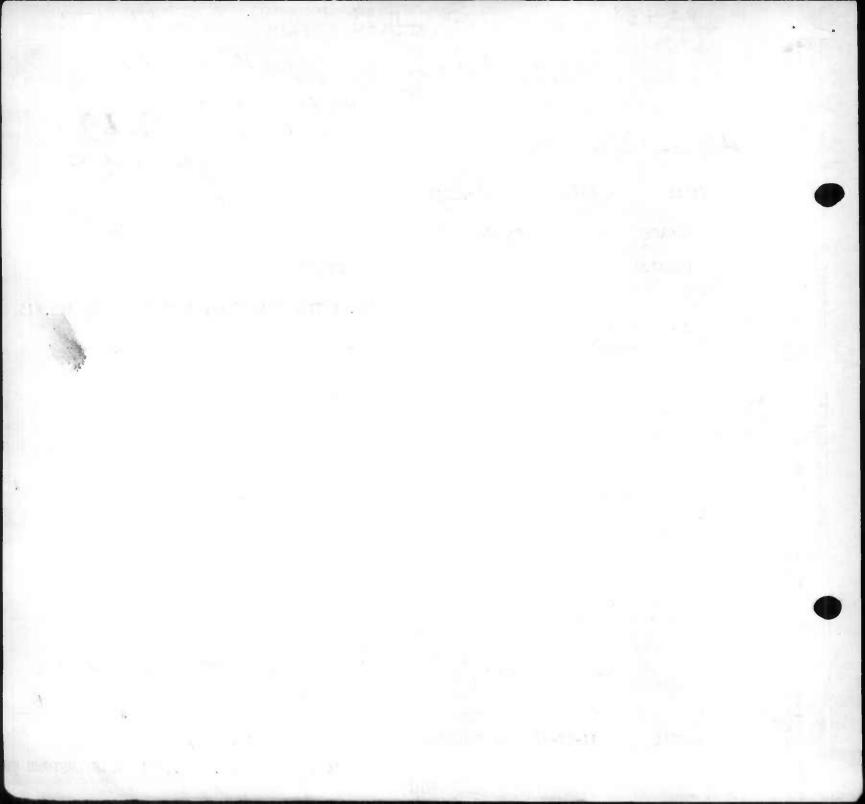
M.E	2-34 H NO. 34		115	03 CERTIFIC	ATE OF DEA	TH Registered No	
1. N	e or Print)	ANNA ZEIT	ITN			OVEMBER 26, 196	
3. P	LACE OF DEA	TH IN BALTIMORE MA			4. USUAL RESIDEN	CE (Where decaysed lived, It	institution; rasidence before admission)
	FULL NAME OF	address or location	or institution, )	give street	MARYLAND C. CITY OF TOWN BALTIMOR D. STREET ADDRES	(If outside city limits, where	BURNE and give township
2	302 CRE.	SI ROAU			2302 CRE		
5. S	EX FEMALE	6. RACE WHITE	WIDOWE	, NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH  12-18-1876	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
IđA.	USUAL OCCU	PATION (Give kind of work varking lite, even if retired) EWIFE	10B. KIND O		RY 11. BIRTHPLACE (SIO	te ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
3. (	FATHER'S NAM				14. MOTHERS MAI		
5. V	Was Deceased , na or unknawn)	Ever in U. S. Armed Fore	cas? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO			220-48-7532	MRS. ROSE F	POSEN, 2302 CRES	
	OISEAS  (This does n heart failure, injury or com	E OR CONDITION DIR LEADING TO DEATH of mean the mode of osthenia, etc. It meons plicotion which caused	dying, e.g. the disease	(A) CC	ut andi	ine Dilubation	INTERVAL BETWEEN ONSET AND DEATH  / day 2 y and
ATION	OTHER SIGNII	R CONDITIONS, if above couse (A) CONDITION last,	stoting the	IG	uneny	C.H.F.	
	19A.DATE OF	OPERATION 198. CON WAS PERF	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (	Yes or No.) 208. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL	DEATH (notify	IT WAS UNDERLYING TING CAUSE OF medical examiner	21 hai etc	B. PLACE OF INJURY (e.g me, tarm, factory, street,	, in ar about 21 C. WHER office bldg., INJURY O	REDID (It in Baltima CCUR?	ore City, give exact location)
MED	21D. TIME OF INJURY (APPROX)	(Manth) (Day) (Year)	w	hile At Not Work At Wo	hile —	DID INJURY OCCUR?	
	that (I) (we)	that (1) (this hospital last saw the decease I from the causes stat	d olive on.	11/25	19.6.7	ond that in (my) (our) of	pinion death occurred on the dat
	23A. SIGNATU 23C. PHYSICIA NAME (T)	re Affinl NS		M.D. /	Med. hys. Med. Direct	Stoff Phys.	11/27/67
24A	BURIAL CREA	AATION 248 DATE	ZINBER	M.  IAME of CEMETERY or		IORTHERN PKWY.	City, town, or county) (State)
	BURIAL	11-27-6	7	NEW HAR SINAT		BALTIMORE, MA	
	150-PEV 1/1/6	C 1 1967 (R	Dreits &	2. Farberan			6010 REISTERSTOWN R

BALTIMORE CITY HEALTH DEPARTMENT



				ļ	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

C	-432		BALTIMORE CITY	HEALTH DEPARTMENT		67 11504
BIRTH NO.	,	67 1	L504 CERTIFICA	TE OF DEATH	Registered Na.	07 11504
1. NAME C	OF DECEASED	Joseph 1	Galledein)		10 HOUR OF DEATH	1:5 A.M.
3. PLACE	OF DEATH IN BALTI	MORE, MARYLAND	o cay ciro	4. USUAL RESIDENCE (Where A. STATE B. COUN		stitution: residence before admission)
FULL N HOSPITA	AL OR oddres	in hospitol or instit s or location)	ution, give sheet	C. CITY OF TOWN (If out	U-SA	RUAN and give township)
25	SINA	1 Hospi	tal	D. STREET ADDRESS (IF	rural, give location)	do Ave
5. SEX	E 6. RACE		RRIED, NEVER MARRIED OWED, DIVORCED (specify) ARRIED		9. AGE (In Feors	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
done during	L OCCUPATION (Give) most of working lile, even	on if retired)	DAR	R 11	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHE	R'S NAME			14. MOTHER'S MAIDEN NAM	ME	
UN	IKNOWN			MUNKNOWN		
15. Wos D	ecoosed Ever in U. S, unknown) (If yes, give	Armed Forces? wor or doles of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
unkno	un			MRS. LOTTIE GOLI	OSTEIN. 3207	INGLESIDE AVE. #15
1B.	120,11		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONE		n	1/7	6 6:	
(This	does not meon the		e.g., DUE TO	pocardial In	Tarciem	1700035
heort	failure, asthenia, etc or complication whi	. It means the dis	10000			
	ANTECEDEN		(B)	Sere Gral Vasca	br Accida	1/ 2 days
DISEA	ASES OR CONDITI					
rise	to the above control	ause (A) slating				a===+0 <b>a=+ +=</b> a= o = o = o o o o o o o o o o o o o o o
UND	EKLING CONDITIO	N Idsi.				
≧   TO .	II R SIGNIFICANT CON THE DEATH BUT ASE OR CONDITION	NOT RELATED T				
	ATE OF OPERATION		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
0 21 A. A	ACCIDENT WAS UND ONTRIBUTING CAL H (notify medical exam	ISE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Baltimore	e City, give exact location)
21 D. TI	IME (Month) (D	oy) (Year) (Hour		21F. HOW DID INJ	URY OCCUR?	
E (APPRO			While At Not White At Work			
22. 1	certify that (I) (thi	s haspitat) atten	ded the deceased fram	Nov 12	1967 to L	N76 1967
that (	(1) (we) last saw th	e deceased alive	e an			nian death accurred an the date
and h	aur and fram the c	auses stated abo	ve. (1) (We) (did) (did nat) v	iew the bady after death.		
23A. SI	IGNATURE		2			23 B. DATE SIGNED
	Kichar	el J.13	Zac M.D. Atte	ending Med. Director	Stoff Phys.	UN. 26,186>
23C.PI	HYSICIAN'S IAME (Type)			23D. ADDRESS		
			M.D.			
	AL CREMATION, 248 OVAL (Specify)	B. DATE	4C. NAME of CEMETERY or CRI	MATORY 24D. LO	OCATION (C	ity, town, or county) (State)
BUR		1-27-67	BNAI ISRAEL	BA	LTIMORE, MA	RYLAND
25A. DATE	REC'D BY HEALTH	DEPT. 258. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS .
	DEC 1 19	61 0 0 0	+ S. Fre. Oruna	SOL LEVINSON &	BROS. INC.,	6010 REISTERSTOWN
VS 150-RE	V. 1/1/65	48794				



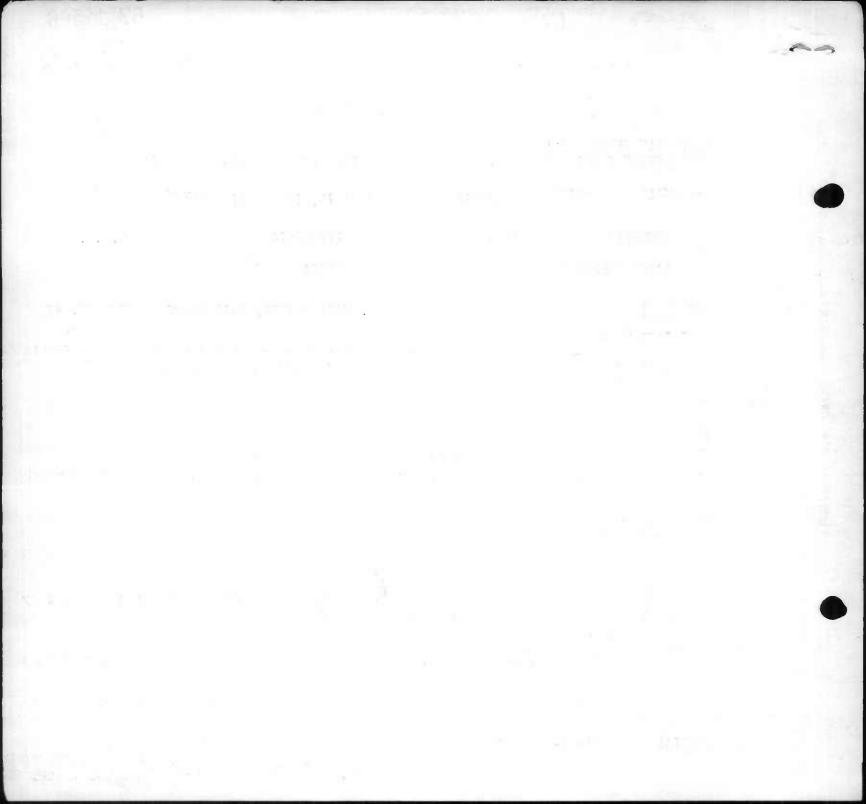
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4 6 5	2 0 P
000	40 E
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5 5 >	XED
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and, the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the ; and (6) No physician was in regular attendance on the deceased prior to death. Such sobtained before the remains are embalmed or final disposition is made.
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de de	P
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e =	D OC
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-	435 07 44	BALTIMORE CITY	HEALTH DEPARTM	ENT	67 11505		
BIRTH	ING. DE DE LL	505 CERTIFICA	TE OF DEA	TH Registered No. —			
1, N/	CASE NO.  ME OF DECEASED  or Print)			ATE AND HOUR OF DEATH	10		
	Gold Geiler H	enry	The themas periods	11-27-1967	1 12 a m.		
3. PI	ACE OF DEATH IN BALTIMORE, MARYLAND	1	A. STATE	SE (Where deceased lived, If insti B. COUNTY	lution: residence before admission)		
H	JLL NAME OF (If not in hospital or institut OSPITAL OR oddress or location) ISTITUTION	ion, give street	C. CITY OR TOWN		PAL and give to hip)		
S	INAI HOSPITAL		BALTIMOR D. STREET ADDRESS		1-11		
	42			GARRISON AVENUE			
5. SE		NED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	Male White	MARRIED	MAY 26, 189	9 68			
	USUAL OCCUPATION (Give kind of work 108, KINI during most of working lile, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
		LESALE	NEW YORK		u.s.A.		
13. F	ATHER'S NAME		14. MOTHER'S MAID	DEN NAME			
	MAX GOLDGEIER		BERTHA SC	HNETEK			
15. W (Yes,	as Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
1	10	110-09-5563	MRS. DORA G	OLDGEIER. 3028 W.	GARRISON BLVD. #15		
7	B. 5 7/4/1	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY	(a		D			
	LEADING TO DEATH (This does not mean the mode of dying,	e.g., DUE TO	tensue/Ba	such opnounch in	2		
	heort foilure, asthenio, etc. It meons the dise injury or complication which caused death.)	ose,		,	,		
	ANTECEDENT CAUSES	(B) Q	granulocu	etosis	iúla <b>(8</b> a 000 a a ana 8 0 a ana a 0 a 000 0 as an 00 0 0 0 a 0 a 0 0 0 0 0 a 0 a 0 0 0 0		
	DISEASES OR CONDITIONS, if any, gir	DUE TO		^ /			
	rise to the obove cause (A) stating UNDERLYING CONDITION (as).	lhe (C)	Enteroca	Lt.s			
	II						
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBU						
ATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			$\rightarrow$			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	20 A. AUTOPSY? (Y	es of No. 20B. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?			
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	n or about 21 C. WHERE Ifice bldg., INJURY OC	E DID (II in Boltimore CCU R?	City, give exoct locotion)		
0	21D. TIME (Month) (Doy) (Year) (Hour) DF INJURY	21E. INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?			
8	(APPROX.)	While AI Not While At Work					
22. I certify that (I) (this haspital) attended the deceased fram //-24 1967 to /1-27 196							
	that (1) (we) lost saw the deceased alive	on 11-2#			an death occurred an the date		
	and hour and fram the causes stated abov	e. (1) (We) (did) (did nat) v					
	3A. SIGNATURE				23B, DATE SIGNED		
Myung Sin Uson M.D. Attending Med. Stoll Director Phys.							
	23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS	·			
	/MYUNG SUN	YOON M.D.	SINAI H	IOSPITAL	#		
24A.	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specily)	C. NAME of CEMETERY OF CR	EMATORY	24D. LOCATION (City,	, town, or county) (State)		
	BURIAL 11-28-67	WORKMENS CIRCLE	E	BALTIMORE, MARY	LAND		
25A.		ME OF REGISTRAR	25C. FUNERAL D	IRECTOR	ADDRESS		
	DEC 1 1967 Robert	2. Salwyna	SOL LEVINS	SON & BROS. INC., 6	010 REISTERSTOWN RD		
VS 1	50-REV. 1/1/65			a - 0			

VS 150-REV. 1/1/65

Such Such

	67 11506 BALTIMORE CI	TY HEALTH DEPARTMENT 67 11506
Ш	M.E. CASE NO.	ATE OF DEATH Registered No.
11	I.NAME OF DECEASED Type or Print)  FREEDMAN, IDA	2. DATE AND HOUR OF DEATH  11. 29. 1967 6. 454.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission) A, STATE B, COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	MARYLAND  C. CITY OR TOWN (If outside city limits, write RURAL and give ownship)
	LEVINDALE HEBREW HOME	BALTIMORE D. STREET ADDRESS (If rurol, give location)
	GREENSPRING & BELVEDERE AVE.	2532 LOYOLA SOUTHWAY #15
	S. SEX 6. RACE WHITE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) SINGLE	B. DATE OF BIRTH  9. AGE (In years lost birthdoy)  JUNE 15. 1896  71  WXXX  If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	DOMESTIC AT HOME	LITHUANIA U.S.A.
	A ADOL FOR OUT	14. MOTHER'S MAIDEN NAME
1	AARON FREEDMAN  5. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL	GISSA ?
	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	
	NO	MR. EARL SWARTZ, 7419 PRINCE GEORGE RD. #7 OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	RCINOMA LEFT LUNG WITH TO MELL
		PLEURAL EFFUSION
	injury ar camplication which coused deoth.)  ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, if any, giving	
	rise to the abave cause (A) stating the (C) UNDERLYING CONDITION last.	
	ARTERIO	SCLEROTIC CEREBRO
		ARDIOVASCULAR DISCASE 10 years
1	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.)  20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	, in or about 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While AI Not W Work At Wo	
ļ	22. I certify that (I) (this hospital) attended the deceased from	5.31. 1960 to 11.29. 1967.
	that (I) (we) lost saw the deceased alive on	1967ond that in(my) (our) opinion death occurred on the date
	ond hour and from the causes stoted obove. (1) (We) (did) (did not)	
	7- K. Raman M.D. A	Attending Med. Stoff Phys. 11-29-1967
	23C. PHYSICIAN'S NAME (Type)  T. IC. RAMAN M.E	23D. ADDRESS SINAI HOSPITAL, BALTIMORE, MD 21215
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	
	BURIAL 11-29-67 BETH ISAAC ADATH	ISRAEL BALTIMORE, MARYLAND
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR  DE LA COMPANSA DEL COMPANSA DEL COMPANSA DE LA COMPANSA DE



N-55	67	11507 CERTIFICA	Y HEALTH DEPARTMENT	Registered Na	67 11507
M.E. CASE NO.  I. NAME OF DEC.  Type or Print)	ANNIE NEW		2. DATE	AND HOUR OF DEATH	
. PLACE OF DE	ATH IN BALTIMORE MA			MBER 28, 1967	institution: residence before odmission
			A. STATE B. CO	UNTY	
FULL NAME O	F (If not in hospital oddress or location	or institution, give street	MARY LAND		DUBAL
INSTITUTION				outside city limite, ville	BURAL dial give it waship)
2442 414	20155 0010		BALTI MORE D. STREET ADDRESS	(If rural, give location)	
3413 Lui	OGATE ROAD		3413 LUDGATE		
• SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , It Under 24 Hrs
FEMALE	WHITE	WIDOWED, DIVORCED (specify)	10-10-1880	lost birthdoys	Months Days Hours Min.
	JPATION (Give kind of work working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	IY 11, BIRTHPLACE (State of	oreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEW1		AT HOME	RUSSIA		USA
3. FATHER'S NAM	AE	4	14. MOTHER'S MAIDEN	IAME	
LAIB FR	DETREDC		MUTTEL	2	
5. Wos Deceased	Ever in U. S. Armed For		MULIEL 17. INFORMANT	3	ADDRESS
(es, no or unknown)	(If yes, give wor or date	s of service) SECURITY NO.		111 2442 11:0	
		218-32-4347	MR. SOL NEW MA	W, 3413 LUD	
1B. / 70	X		OF DEATH		ONSET AND DEATH
	SE OR CONDITION DIR LEADING TO DEATH	RECTLY	6 1/ 21		1.1-
	al mean the made of	dying, e.g., DUE TO	C. V. A.	*****	((())
heart failure,	asthenia, etc. It means				
1 /	ANTECEDENT CAUSES	(B)	HAUMI	>	107000
		DUE TO			
	OR CONDITIONS, if a base (A)	stating the (C) MC	tout his Co	wanims.	from 11 years
UNDERLYING	G CONDITION last.	4	4. Brain-10	16- 1956	
	11	,,,,,		111	
OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING			
DISEASE OR	CONDITION CAUSING I	т.	120 A	NEW 200 IS THE	
DATE OF	/ NAVA C DEDE		ZUA. AUTOPSY? (Tes or	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDEN	NT WAS UNDERLYING	218 PLACE OF INLIPY (e.g.	in or obout 21 C. WHERE DID	fit in Rollins	ore City, give exact location)
OR CONTRIBU	TING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR	tit in politing	ony, give exoct locolion)
)					
21 D. TIME	(Month) (Doy) (Year)		21F. HOW DID	NJURY OCCUR?	
OF HAJORI		While At Not Wh			
(APPROX.)				ra.	1
(APPROX.)	that (1) (this hospital	) attended the deceased from	4/23/19	2 G to	1/2/ 19 ()
(APPROX.)			7/23/19 19.67 ond	that in (mv) (our) or	I 12 19 19 19 19 de de de de de
(APPROX.)  22. I certify that (I) (we)	last sow the decease	d olive on 11/24	19. £ 7 ond	that in (my) (our) of	olnion death occurred on the da
(APPROX.)  22. I certify that (I) (we) ond hour and	last sow the deceosed from the couses stat		19. £ 7 ond	that in (my) (our) of	olnion death occurred on the da
(APPROX.)  22. I certify that (I) (we)	last sow the deceosed from the couses stat	ed olive on 11/2/ ed obave. (1) (We) (did) (did not)	view the body after dear	that in (my) (our) op h.	23B. DATE SIGNED
(APPROX.)  22. I certify that (I) (we) ond hour and 23A. SIGNATU	I ast sow the deceose I from the couses stote IRE	ed olive on 11/2/ ed obave. (1) (We) (did) (did not)	19 67 ond view the body after deat ttending Med. Director	thot in (my) (our) op	olnion death occurred on the da
(APPROX.)  22. I certify that (I) (we) ond hour and	I ast sow the deceose I from the couses stot IRE INS	ed olive on 11/2/ ed obave. (1) (We) (did) (did not)	ttending Med.  Director  23D. ADDRESS	that in (my) (our) op h.	23B. DATE SIGNED
22. I certify that (I) (we) ond hour and 23A. SIGNATU 23C. PHYSICIA NAME (T)	I from the couses stote (RE ) (NS ) (PRE ) (NS )	ed olive on 11/2/ ed obave. (1) (We) (did) (did not)  M.D. A	ttending Med. Director 23D. ADDRESS	thot in(my) (our) op h.  Stoff Phys.   THERN PARKWAY	11/1/67
(APPROX.)  22. I certify that (I) (we) ond hour and 23A. SIGNATU  23C. PHYSICIA NAME (To	I ast sow the deceose I from the couses stot IRE INS	ed olive on 11/21 ed obave. (I) (We) (did) (did not)  M.D. A PRAEL ZINBERG  24C.NAME of CEMETERY of C	tending Med. Director 23D. ADDRESS . 4000 W. NOR	thot in(my) (our) op h.  Stoff Phys.   THERN PARKWAY	23B. DATE SIGNED  (City, town, or county) (State)

## 67 11508 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

	A. USUAL RESIDA. STATE Maryla C. CITY OF TO Baltin D. STREET ADD 308 S B. DATE OF BIRT JUNE 19, YII. BIRTHPLACE ENGLAN 14. MOTHER'S M ROSE R 17. INFORMANT	DENCE (Where dand wn (II outside more press (If rurol, garage). Eden S  TH  1903  (Stote or foreign D  MAIDEN NAME  FREEDMA	corporate limits, vigive location) treet  9. AGE (In year lost) birthday) 64 country)	institution: resCOUNTY write RURAL ors If Unda Months 12. CITI. WH. U	1:55 A. Misidence before odmission ond give township)  er 1 Yr. If Under 24 Hr. Doys Hours Min.  ZEN OF AT COUNTRY?  S. A.  S. S. A.  SS  E ROAD #2120  INTERVAL BETWEEN ONSET AND DEATH
VER MARRIED DRCED(specify) E SINESS OR INDUSTR'  IL  SOCIAL SECURITY NO. 15-01-2331 CAUSE  (Arterio DUE TO	A. STATE Maryla C. CITY OR TO Baltin D. STREET ADD 308 S B. DATE OF BIRT JUNE 19, YII. BIRTHPLACE ENGLAN 14. MOTHER'S M ROSE R 17. INFORMANT MR. JACK E OF DEATH	DENCE (Where dand wn (II outside more press (If rurol, garage). Eden S  TH  1903  (Stote or foreign D  MAIDEN NAME  FREEDMA	corporate limits, vigive location) treet 9. AGE (In year lost birthday) 64 country)	institution: resCOUNTY write RURAL ors If Unda Months 12. CITI. WH. U	er 1 Yr. If Under 24 Hr. Doys Hours Min.  ZEN OF AT COUNTRY?  S. A.  EROAD #2120 INTERVAL BETWEEN
VER MARRIED DRCED(specify) E SINESS OR INDUSTR' I L SOCIAL SECURITY NO. 15-01-2331 CAUSE (Arterio Due To	Baltin D. STREET ADD 308 S B. DATE OF BIRT  JUNE 19, YII. BIRTHPLACE  ENGLAN 14. MOTHER'S M  ROSE R  17. INFORMANT  MR. JACK E OF DEATH	MOTE  ORESS (If rurol, 9  Eden S  1903  (Stote or foreign  D  MAIDEN NAME  FREEDMA  SILVERM	give locotion) treet 9. AGE (In year lost birthdoy) 64 country)	ADDRESS SUDVAL	er 1 Yr. If Under 24 Hrs. Doys Hours, Min. ZEN OF AT COUNTRY? S. A.  E ROAD #2120 INTERVAL BETWEEN
VER MARRIED DRCED(specify) E SINESS OR INDUSTR' IL SOCIAL SECURITY NO. 15-01-2331 CAUSE (Arterio Due To	D. STREET ADD 308 S  B. DATE OF BIRT  JUNE 19, Y11. BIRTHPLACE  ENGLAN  14. MOTHER'S M  ROSE R  17. INFORMANT  MR. JACK E OF DEATH	D AAIDEN NAME  FREEDMA	9. AGE (In year lost birthdoy) 64 country)	ADDRES	ZEN OF AT COUNTRY?  S. A.  SS. A.  INTERVAL BETWEEN
SOCIAL SECURITY NO. 15-01-2331 CAUSE  (Arterio	B. DATE OF BIRT  JUNE 19,  YII. BIRTHPLACE  ENGLAN  14. MOTHER'S N  ROSE R  17. INFORMANT  MR. JACK  E OF DEATH	1903 (Stote or foreign D MAIDEN NAME FREEDMA	9. AGE (In year lost birthdoy) 64 country)	ADDRES	ZEN OF AT COUNTRY?  S. A.  SS. A.  INTERVAL BETWEEN
SOCIAL SECURITY NO. 15-01-2331 CAUSE  (Arterio	JUNE 19, Y11. BIRTHPLACE ENGLAN 14. MOTHER'S N ROSE R 17. INFORMANT MR. JACK E OF DEATH	1903 (State or foreign D MAIDEN NAME FREEDMA	lost birthdoy 64 country)	ADDRES	ZEN OF AT COUNTRY?  S. A.  SS. A.  INTERVAL BETWEEN
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SECURITY NO.  15-01-2331  CAUSE  (Arterio Due To	ROSE R 17. INFORMANT MR. JACK E OF DEATH	SILVERM	IAN, 1341	SUDVAL	E ROAD #2120
SECURITY NO.  15-01-2331  CAUSE  (Arterio Due To	MR. JACK	SILVERM	IAN, 1341	SUDVAL	E ROAD #2120
SECURITY NO.  15-01-2331  CAUSE  (Arterio Due To	MR. JACK			SUDVAL	E ROAD #2120
Arterio	E OF DEATH				INTERVAL BETWEEN
Arterio	E OF DEATH				INTERVAL BETWEEN
CH OPERATION	No No		N CERTIFYING C		
CE OF INJURY (e.g., orm, foctory, street,	in or obout 21C.	WHERE DID (I	f in Boltimore City	y, give exoct	location)
	WHILE	IOM DID INJU	RY OCCUR?		
nspection X Au	utopsy Or	nd that on this	bosis, deoth i	in my opini	on
	party .	ide U	ndetermined mo	onner	
>-	The second secon				DATE SIGNED
M.D.					11/27/67
Ltl n	dent Suici	dent Suicide Homic  CHIEF M. D. ASSISTANT M. D. ASSOCIATE  DAME OF CEMETERY OF CREMATORY	AT WORK  AT WORK  Inspection X Autopsy ond that on this  dent Suicide Homicide U  CHIEF MEDICAL EX.  M.D. ASSISTANT MEDICAL EX.  ASSOCIATE MEDICAL EX.	AT WORK  Inspection X Autopsy ond that on this basis, death  dent Suicide Homicide Undetermined m  CHIEF MEDICAL EXAMINER  M.D. ASSISTANT MEDICAL EXAMINER X  ASSOCIATE MEDICAL EXAMINER  IAME of CEMETERY or CREMATORY  23D. LOCATION	AT WORK  AT WORK  AT WORK  ASSPECTION X Autopsy ond that on this basis, death in my opinion dent Suicide Homicide Undetermined monner  CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER  M.D. ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  BALTIMORE, MARY LAN

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e approved by the chief medical examiner or his assistant if death occurred in a hospital and	de	ced	n c	S.		
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his certificate must be	hel	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
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	5-620 67 11	5	HEALTH DEPARTMENT		67 11509			
	H NO.	CERTIFICA	TE OF DEATH	Registered No.				
1. N	AME OF DECEASED STAFF SIN	RASKY	2. DATE AND	HOUR OF DEATH	196B:15 A M			
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If ins				
	FULL NAME OF (If not in hospitol or institut HOSPITAL OR oddress or location) NSTITUTION	ion, give street	CITY OR TOWN (If outsi	de city limits, write RI	JRAL ond give township)			
X	25/NAI HASPITA	91	D. STREET ADDRESS (Hours, give location)					
5. 9	EX 6. RACE / 17. MARE	TED. NEVER MARRIED	7502 SLADE AVENUE #21208  B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.					
	EMALE WHITE WIDO	MARRIED	9-7-1904"	st birthdoy)	Months Doys Hours Min.			
	. USUAL OCCUPATION (Give kind of work 108, KIN) e during most of working life, even if retired)		11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?			
10		HOME	ROMANIA		U.S.A.			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM					
1.6	LOUIS GREENBERG		PAULINE	?				
(Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (It yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	NO		MR. JACOB SURASK	Y. 7502 SLA				
	CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH  (A) 20 20 2004							
	(This does not mean the made of dying, heart failure, asthenia, etc. II means the dise injury ar complication which caused death.)		5(1/D) aut	a wastil.	A SOUTH STORY			
	ANTECEDENT CAUSES  (B) DUE TO							
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.							
	II	/	PAMARY-U	nichman				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE	/					
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?			
CAL	21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)			
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While	21F. HOW DID INJU	RY OCCUR?	7.0			
	Work At Work							
	22. I certify that (1) (this hospital) attended the deceased from 2000 1900 1900 1900 1900 1900 1900 1900							
	ond hour and from the causes stated abov	e. (I) (We) (did) (did not) v	iew the body ofter deoth.		DATE CONTRACTOR			
	F S STANDA	M.D. Atte	anding Med. S	tott	23B. DATE SIGNED			
	23C.PHYSICIAN'S NAME (Type)	Phys	S. Director P	hys.	1000 20,1101			
244	BURIAL CREMATION, 248 DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	, town, or county) (State)			
	BURIAL /11-29-67	SHAAREI TFILOH	В,	ALTIMORE. MA	ARYLAND			
254	. DATE REC'D BY HEALTH DEPT. 258. NAV	HE OF REGISTRAR			ADDRESS 6010 REISTERSTOWN R			
Vs	150-REV 1/1/65							

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BALTIMORE CITY HEALTH DEPARTMENT 67 11510 CERTIFICATE OF DEATH Such h occurred in a hospital and contributing cause of death stermined cause; (5) Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) LAWRENCE SHAW U O Nov. 28, 1967 death. 4. USUAL RESIDENCE (Where deceased fived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance Mass. (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN Swampseott attend INSTITUTION US Public Health Service Hospital D. STREET ADDRESS (If rural, give location) 3100 Wyman Pk. Drive 43 Worcester Ave. (4) Undetermined regular mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) lost birthdoy Hours M Married 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death final disposition = done during most of working life, even if retired) Salesman USA M dis the 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME Joseph Shaw Ida Goldman death LO 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance Records- US PHS Hospital, Balto, Md. None 072-12-7585 fracture of any CAUSE OF DEATH pronounced OF INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH Overwhelming sepsis 1 day (This daes not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease, examiner regular injury ar camplication which coused death.) Pneumonia 1 day e ANTECEDENT CAUSES who DUE TO 4 9 DISEASES OR CONDITIONS, if any, giving Acute leukemia 2 mos. rise to the obove cause (A) stoting the Ξ physician remains UNDERLYING CONDITION lost chief medical Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE No physician DISEASE OR CONDITION CAUSING IT. the (2) Body CERTIFIC 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION the 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED ō WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office btdg., INJURY OCCUR? where (If in Boltimore City, give exact location) to the hospital DEATH (notify medical examiner any nature; MEDIC obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) and 22. I certify that () (this haspital) attended the deceased fram..... Oct. 5 1967 to Nov 28 19.67 that M) (we) last saw the deceased alive an NOV. 28 and that in (my) (aur) apinian death accurred an the date pe hospital eath) accident of and have and from the causes stated abave. (1) (We) (did) (ofig 1/of) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED Ö Attending 11/28/67 M.D. Med. 0 Phys. Director approval O 23 C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) at Was An Hospital, Balto, Md. US PHS Byron Hurwitz, SA Surg M.D. ď 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased 24D. LOCATION (City, town, or county) D.O. REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR V\$ 150-REV, 1/1/65

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Hammed Mondally We Laboure Williams District

67 11511 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11511

M.E. CASE NO.	12.1.0		L OI DEXTIN					
I. NAME OF DECEASED			2. DATE AND HOUR PRONOUNCED	DEAD				
THELMA W	LLIAMS		November 26, 1967	10:55 P. M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDE	NCE(Where deceosed lived. If institution B. COUNT	on: residence before odmission)				
CHILL NAME OF THE NOT IN TOUR OF THE TOUR	CIVE STREET	Mary	land					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE SIKEEL	C. CITY OR TOW	'N (If outside corporate limits, write RI	JRAL and give township)				
INSTITUTION		Balti	Imore	2-01				
2 South Baltimore General Hospit	:a1	D. STREET ADDR	ESS (If rural, give location)					
		129 1	N. Hill Street					
5. SEX 6. RACE 7. MARRIED, NEVER	MARRIED	B. DATE OF BIRTH	9. AGE (In years	f Under 1 Yr. If Under 24 Hrs.				
WIDOWED, DIVORC	ED (specify)			Aonths Doys Hours Min.				
Female Negro	STATEMENT OF THE	VIII BIDTHELACE	tate or favoign country	2. CITIZEN OF				
done during most of working life, even if retired)	ESS OR INDUSTR	10,011	200 11/1 C	WHAT COUNTRY?				
		DUCHI	911 1010					
13, FATHER'S NAME PRESTON WILL	IAMS	14. MOTHER'S MA	AIDEN NAME	015				
1,000.00		ho	THE FIRM	1/3				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)	CIAL CURITY NO.	17. INFORMANT	Williams 40	DDRESS				
		PRESTON	WILLIAMS 40	NXUNORUXIN				
1B.	CAUSI	E OF DEATH		INTERVAL BETWEEN				
= 78 d X				ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ctab	Wound of A	hdomen					
(This does not mean the mode of dying, e.g., head failure, asthenia, etc. It means the disease.	DUE TO	would of A	Daomen					
injury or complication which coused death.								
ANTE CENTAL CALLERS								
DISEASES OR CONDITIONS, IF ANY, GIVING	ANTECEDENT CAUSES  (B)							
RISE TO THE ABOVE CAUSE (A) STATING THE								
UNDERLYING CONDITION LAST.	(C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY?	(Yes or No) 20B. IF YES, WERE FIND					
WAS PERFORMED	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?							
21 A, EXTERNAL CAUSE WAS 21 B, PLACE OF INJURY (e.g., in or obout 21 C, WHERE DID (If in Boltimore City, give exect location)								
UNDERLYING CONTRIB-	foctory, street,	office bldg., INJURY						
및 Str	eet		33 S. Sharp St.	22-01				
OF INJURY 1 . / 5 D -	URY OCCURRED		W DID INJURY OCCUR?					
(APPROX.) 11/26/67 2:30 P. m. WHILE WORK	AT NOT	VORK X	Subj. stabbed during	argument				
22.   certify that I held an Inquiry   Insp	ection Au	EF.	that an this basis, death in my					
resulted fram: Natural causes Accide	nt Suicio							
ACTUAL 1100 120 15		The state of the s	DICAL EXAMINER	DATE SIGNED				
SIGNATURE ILLAND	M.D	ASSISTANT ME	EDICAL EXAMINER X					
EXAMINER'S Werner U. Spitt, M	1.D.		EDICAL EXAMINER	11/27/67				
NAME (Type)	. 9							
23A, BURIAL CREMATION, 23B, DATE 280, NAN	NE of CEMETERY	or CREMATORY	23D. LOCATION (City, to	wn, or county) (Stote)				
Durial 12/1/67 mt	Call	ary	a a log	ma				
24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REC	GISTRAR	49 FUNERA	L DIRECTOR	ADDRESS				
		San	at & sion	gan				
DEC 1 1901 02 02 62 8	della Mil	10	8 to monletme	ry If				
VS 151-REV. 1/1/65	200							

LETTIE HHEKIL

		07 44	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 11512
	BIRTH NO.	67 11	CERTIFICA	ATE OF DEATH	Registered No.	OI TIOIC
	1. NAME OF DECEASED (Type or Print) PCK	RY. V	VILLIAN	2. DATE AN	30 67	6 OS AM.
	3. PLACE OF DEATH IN BA	LTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STAJE B. COUN	e deceased lived. If instit	ution; residence before odmission)
		not in hospital or institut	ion, give street	C. CITY OR TOWN (If out	N. SARATO	GA ST 2/225
3	UNIVERSI		e Hosp.	BALTIM	side city limits, write RUF  W  Curul, give location)	AL and give township)
	BALTIMOR	R. MARY,	LAND 21201	D. STREET ADDRESS	with, give locotion	
	5. SEX 6. RACE		HED, NEVER MARRIED DWED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
	done during most of working life,		O OF BUSINESS OR INDUSTR	South	CAROLINA	12. CITIZEN OF WHAT COUNTRY
	13. FATHERS NAME	0	0 - 0	14. MOTHER'S MAIDEN NAM	ME A	- 00
	N/LL/N 15, Was Deceased Ever in U.	My ha	RRY	2 CL 9/N/	4 24	161
	(Yes, no or unknown) (If yes, gi		cel SECURITY NO.	CHART		ADDRESS
	182411X	1	CAUSE	OF DEATH	•	INTERVAL BETWEEN ONSET AND DEATH
	LEADING	NDITION DIRECTLY TO DEATH	(A) E	monchops	reumomi	4 days
	(This does not mean heart failure, asthenia,	etc. Il means the dise			disease	
	injury or complication  ANTECED	monary	glas.			
	DISEASES OR CONE				0	
	rise to the above UNDERLYING CONDI		the (C)			/ /
	O OTHER SIGNIFICANT CO TO THE DEATH BU	IT NOT RELATED TO		b artic vo	afic av	Pritis.
	DISEASE OR CONDITION		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208, IF YES, WERE FIN	DINGS CONSIDERED
	ED 1/12/6	1 aortic	VALVE DISCH	in or obout 1C. WHERE DID		city, give exact location)
	OR CONTRIBUTING O			office bldg NJURY OCCUR?	ar iii soniniore c	ny, give exect loconom
3		(Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
	(APPROX)		While At Not Wh Work At Wor		(2	122 12
	22. I certify that (I) (		20 1/100	- 1 0 -	19 6 /ta	19 6 /,
	that (I) (we) last saw			view the body after death.	ar in(my) (aur) apinio	an death occurred on the date
2	23A. SION ATURE	-1 5/	11-06			38. DATE SIGNED
3	Just	,-	M.D. A	ttending Med. Director	Staff Phys.	11/30/6/
	PAME (TV)	NAMED S	LeAcoct M.O	23D. ADDRESS LIVIVE	43174 M-	MARYCAND
1	24A. BURIAL CREMATION,	24B. DATE 24	C.NAME OF CEMETERY OF C	REMATORY 24D. 1	OCATION (City,	town, or county) (State)
	Dural.	12/4/67	Me aubur	w 13	alto MA	ADDRESS
	ZOA. DATE REC'D BY HEAL	TH DEPT! 25B. NA.	ME OF REGISTRAR	March est	Offeren 63	In Gilmon St
	VS 150-REV. 1/1)65	136% (1) Cu	JE TENNENA	1 Various 1	1	

11/20/2 6 2/05/11 18 42 W SHENTOSH ST 200 BARTIPHORE LOUIS CHEATHAND STADE 01/2/21 REGRO HARRIED South Checkens 165 H Nishece D 20181414 TAKES K3306 LANTAN · TARKY 3 broncho precumenta 4 days Chrome Bulmmarchy years Postop asome value replacement 11/22/6] anno cuese 20/22/11 30 Nov- 1/4 facilities in humanitude FOR MANOS LEACEK The state of the Total Roberts State 1 "

	-4-		084	1.1.	BALTIMORE CITY	HEALTH DEPARTMENT	1 0	67 11513		
	BIRTH NO.	-	67	1151	3 CERTIFICA	TE OF DEATH	Registered No.	01 11010		
		DECEASED	. /:	3. —		4	ND HOUR OF DEATH	- 10		
	(Type or Prin		RED		GUSON, JR	M.				
	3. PLACE O	F DEATH IN BALT	IMORE, MAI	RALAND		4. USUAL RESIDENCE (Whe	YTY	itution: residence before admission)		
	FULL NA	ME OF (If not	in hospital o	or institution,	give street	MARYLAND,		1		
	INSTITUTI	ON			llagaza	C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
	33	JOHNS	HODI	CINS	HOSPITAL	D. STREET ADDRESS (If rurol, give locotion)				
						1503 MANDYBILLE RD.				
	5. SEX	6. RACE			, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost bightelay)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
	IVI	N		M	ARRIED	6-18-29	20			
	done during m	nost of working life, ev		10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	0	12. CITIZEN OF WHAT COUNTRY?		
		LABORER				LAURONS C	0 2. C.	USA		
13. FATHERS NAME FRED FERGUSON, SR. BOSA KENNEDY										
						ROSA KENNEL	Y			
	Yes, no or un	known) (If yes, give	woi or dole:	es? s of service)	SECURITY NO.	17. INFORMANT	1	ADDRESS		
	NO					TRED FEREUS	ON Joppa	nd		
	18.	16 X 1			CAUSE	OF DEATH	1 - 1	ONSET AND DEATH		
	/0	DISEASE OR CON LEADING 1		ECILY	(A) (3)	meastive Hon	of Failure	3 wks		
		oes not mean the								
		or complication wh	ich caused		R	actorial Es	ad occurredit	6 MOS		
		ANTECEDEN			DUE TO		1 -	<b>4.4</b>		
		ES OR CONDIT				rumatic Hea	of Disease	304r		
	UNDER	LYING CONDITIO	)N last.			**				
	Z OTHER	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
	A DISEAS	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
		TE OF OPERATION	19B. CON WAS PERF		WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE FI	NDINGS CONSIDERED		
	U 21 A. AC	CIDENT WAS UN	DERLYING	211	B. PLACE OF INITIBY (e.g.	in or about 21 g. WHERE DID	(If in Boltimore	City, give exact location)		
	_ OR COM	TRIBUTING CA	USE OF	hor	me, form, foctory, street, o	ffice bldg., INJURY OCCUR?	of ill continue	ony, give exoci toconom		
	21D. TIA		Poyl (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?			
	S OF INJU				hile At Not Whi					
	22. 1 ce	Work L AI Work L								
		22. I certify that (1) (mis haspital) attended the deceased from 19 20 ta 19 (our pinian death occurred on the dote								
	and ho	ur and fram the c	auses stat	ed abave. (	I) (We) (did) (did not)	view the body ofter deoth.				
	23A. SIG	23A. SIGNATURE								
		M.D. Attending Med. Director Phys. 11/29/67								
	23C.PH	ME (Type)	11 6	)		23D. ADDRESS	1 11	D. 11.70		
		Ji	V. K	<i>VSS</i>	O M.D.	fel	us Here	uns Appulax		
4	PEMO!	VAL (Specify)	B. DATE	24C.N	AME of CEMETERY of CR	EMATORY (24D.	0 1	, town, or county) (Stotel		
	254 DATE	REC'D BY HEALTH	DEPT	25R NAME	OF REGISTRAR (	da da	nuns Co. S	1 C.		
	ZJA. DATE	DEC	1967	(P.D.	of Registrate C	23C. FUNERAL DIRECTO	p/Lon (	80 91 Long St		
-	VS 150-REV.	1/1/65		470,440		V. Mindin	141100	- 17		

- 47 • = Y Leaves la San William Y JA ===

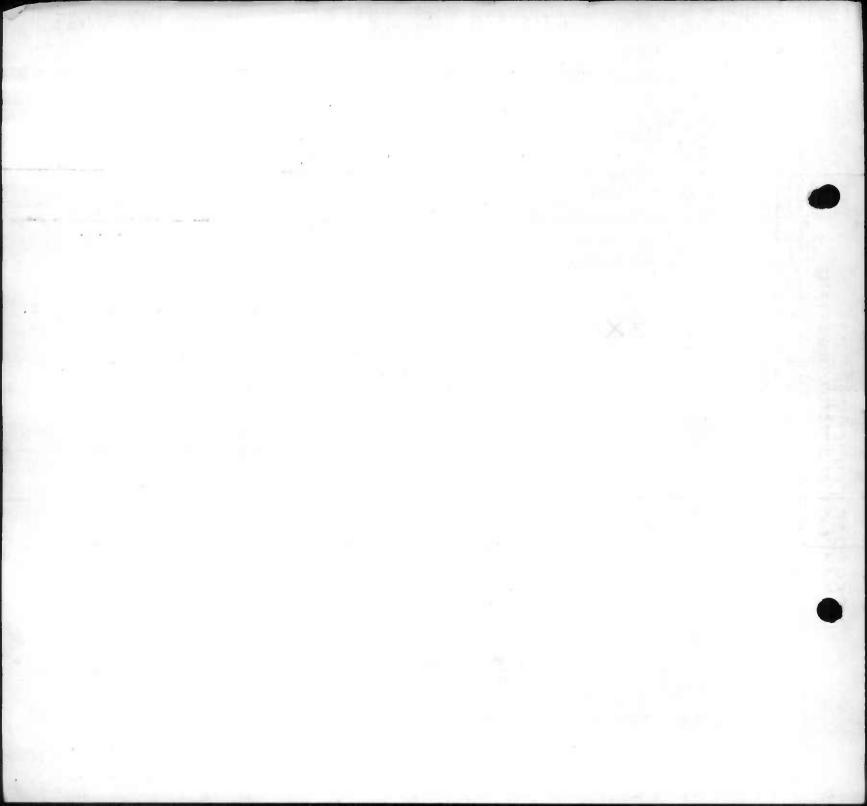
Kommen 12/1/67

Land Brook and

	02 11	BALTIMORE CITY	HEALTH DEPARTMENT	67 1151	A			
	RTH NO. CERTIFICATE OF DEATH Registered No.							
	AME OF DECEASED		2. DATE AND HO	IIR OF DEATH				
				1 2. 011				
	MARY E. Joh'son		11/-1/-		N			
3. P	LACE OF GEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	osed lived. If institution: residence before	odmission			
	FULL NAME OF (If not in hospital or institu	tion give street	NARYLAND Bal	amore	5			
F	HOSPITAL OR oddress or lacation)	non, give sheer	111111111111111111111111111111111111111	ity limits, write RURAL and give tower thip				
_	NSTITUTION		Queltas	16-01				
21	UNIVERSITY HOSPITZ	7.	D. STREET ADDRESS (If rurol, o	ive location)				
) ,	2010 - K 21/1/ /10-/		10 /	street #17				
			11-1					
s. s		RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AG		der 24 Hr			
F	Emale Negro III	na nui	3-6-00	18				
toA	USUAL OCCUPATION (Give kind of work 10B, KIN	. 00	11. BIRTHPLACE (State or foreign co.	intry) 12. CITIZEN OF				
	e during most of working life, even if retired)		1 1	WHAT COUNTRY?				
	Hanslinde	And Strange and St	ancasta 1	t- USA				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	4 :				
	T + 11/		11 11 n	1/1				
	Jaley Jonnson		Halle Dig	X UT				
5. Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give wor or dates of sem	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
- 4	A	218 06 19410	Ines Jah	noun 1111 1-2	-11- 5			
10	0	(NO-10)-0177	TOTAL X	INTERVAL BET	901			
	18. 2 60 XI	CAUSE O	F DEATH	ONSET AND I				
	DISEASE OR CONDITION DIRECTLY	0	/	2/				
	LEADING TO DEATH	(A) Br	anonapriliman	ra say	0			
	(This does not mean the mode of dying,	e.g., DUE TO		***************************************				
	heart failure, asthenia, etc. It means the dis injury or complication which coused death.)	eose,	0 + 1 0 1	. 0 / 4 ., "				
		Bu	latiral acceptal	Ingarchan 7				
	ANTECEDENT CAUSES	DUE TO						
	DISEASES OR CONDITIONS, if any, g	iving O.	abety melletey	7				
	rise to the obove couse (A) stoting	the (C)	aucy much					
	UNDERLYING CONDITION lost.							
	ll l							
O	OTHER SIGNIFICANT CONDITIONS CONTRIB							
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	) THE						
0		FOR WHICH OPERATION		IF YES, WERE FINDINGS CONSIDERED				
ERTIFIC	WAS PERFORMED		YES	CERTIFYING CAUSES OF DEATH?				
CER	21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INITIRY (e.g. in	or of out 21C. WHERE DID	(II in Boltimore City, give exact location	n)			
AL C	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or	fice Bldg., INJURY OCCUR?					
CA	DEATH (notify medical examiner)	etc.)						
-	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY C	CCUR?				
ME	OF INJURY	While At Not Whil	e —					
	(APPROX.)	Work At Work		,				
	22. I certify that (1) (this hospital) attended	ded the deceased from //	120/64 196	710 11/27	10 6			
	that (1) (we) lost saw the deceased alive	on nav 2	7 19 6 Tand that in	(aur) opinion death occurred o	on the d			
	and hour and from the causes stated abo	ve. (I) (We) (did) (did nat) v	riew the body ofter death.					
	23A. SIGNATURE			23 B. DATE SIGNED	1			
	Altrale 8/2000	M.D. Atte	ending Med. Stoff	1/27/	6 4			
	- regeren rumin,	Phy		11/2//	0 /			
	23C. PHYPICIAN'S	01)	23D. ADDRESS	. 1 . 2 . 6	- 1 -			
	NAME (Type)	M.D.	5942 Duen me	laden Tackway:	2/20			
			0/12	0				
24A		4C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATI	ON (City, town, or county)	(Stote)			
	REMOVAL (Specify)	O 01 Fell-1	E (Em. Inva)	nesso 1. Vinni	Nin			
0.6	DURIAJ 11/30/61	QUEEN ESTHER		TOTER COS (IRG)	NIM			
25 A	. DATE REC'D MY HEALTH DEPT. / 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
			Kelson Funeral	Home 1348 (c)he	in			
	1SO-REV. 1/1/65		1 Minister	The same	VII			
/¢								

Beginning the state of the district 20 m may 2 1/38/14 [Himself retentioneral Home 1348 California

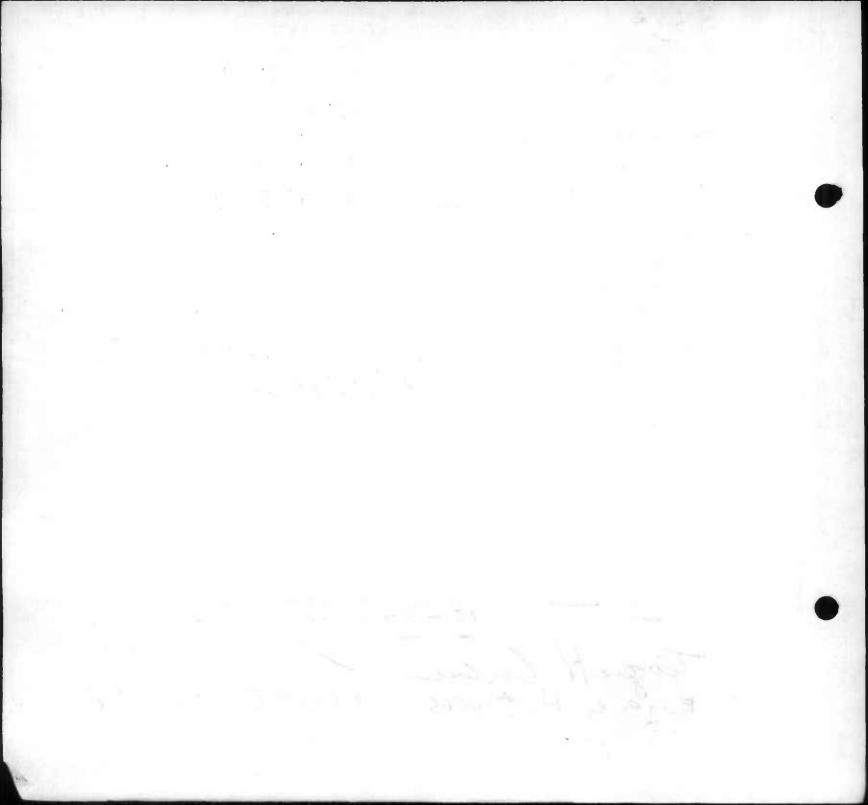
	OF		BALTIMORE CIT	Y HEALTH DEPARTME	NT	CM 11EAF
BIRTH NO.	61	1151	O CERTIFICA	TE OF DEAT	Registered No.	67 11515
M.E. CASE NO.			CERTIFICA	TE OF DEAT	77	
1. NAME OF DECEASED (Type or Print)	0				TE AND HOUR OF DEATH	
3. PLACE OF DEATH IN	Corneli	a G. Ho	ooper	The Memory Desired	1-30-67	3:40 A.
S. PLACE OF DEATH IN	BALTIMORE, MA	KILAND		A. STATE 8.	COUNTY	istitution: residence before odmissio
FULL NAME OF	(If not in hospital	or institution.	give street	Md.		
HOSPITAL OR	oddress or location	n)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C. CITY OR TOWN	(If outside city limits, write	PUR (k and does to waship)
	Lincoln Memorial Nursing Home			Balto.	/ 1	4-03
90 27 N. Carey St. Baltimore, Md.			D. STREET ADDRESS	(If rurol, give location)		
27 N. Carey St. Dartimore, M.				508 W. Laurens Street		
5. SEX   6. RAC	E	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H Months Doys Hours Min.
Female Ne	groid		DIVORCED (specify)	5-11-82	lost birthdoy)	Months Doys Hours Min.
INA HISHAL OCCUPATIO	N/Give kind of work	Wide		11. BIRTHPLACE (Stote	ot foreign country)	12. CITIZEN OF
done during most of working				10-10-		WHAT COUNTRY?
				Virginia	3.	U.S.A.
3. FATHER'S NAME				14. MOTHER'S MAIDE		
Rubin d	ordon			Winn	ie Middleton	
5. Wos Deceased Ever in	U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes	, give wor or dote	s of service)	SECURITY NO.			
					Rich 1614 1	V. Smallwood St
18.443	X I		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	CONDITION DI	RECTLY	• 5			
	NG TO DEATH		(A) H-10	ortensive a	rteriosclereti	C
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,				4.5		
injury or camplicati						
ANTECEDENT CAUSES (B)						
DISEASES OR CONDITIONS, if ony, giving						
rise to the obave cause (A) stating the (C)						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The second continue to the second sec						
Z	- 11					
OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND			E d i		Cal	and de la
DISEASE OR COND				20A. AUTOPSY? (Yes	INFECTION	3 924-5
19A. DATE OF OPER	WAS PER	FORMED	VHICH OPERATION	ZVA. AUTOPST? (Tes	IN CERTIFYING CA	FINDINGS CONSIDERED
		1000		No	7/1	
OR CONTRIBUTING	CAUSE OF	hom	e, form, foctory, street,	in or about 21C. WHERE office bldg., INJURY OCC	UR?	e City, give exact location)
DEATH (notify medic	ol exominer)	etc.)				
	h) (Doy) (Yeor)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW D	ID INJURY OCCUR?	
OF INJURY			le At Not Wh	ile 🖳		
		Wor				
			ne deceased from A		19 5 to Nov	ember 30, 1967
that (I) (we) lost :	ow the decease	ed olive on	November 2	8 1967	and that in (my) (evr) opi	nion death occurred on the c
				view the body ofter d		
23A. SIGNATURE			, , , , , , , , , , , , , , , , , , , ,			23B, DATE SIGNED
000		1 1	M.D. AI	tending Med.	Stoff	(-
22C BUYELCIANS	amplel	L,	Ph	ys. Director	Phys.	111-30-67
23C. PHYSICIAN'S NAME (Type)				23D. ADDRESS	A	
C.R.	Campbe	-112	M.D	1618 W.NA	th Ave. K	altimore. Mo
24A. BURIAL CREMATIO	N, 24B. DATE	24C. N	AME of CEMETERY OF CI	REMATORY	24D. LOCATION (C	ity, town, or county) (Stote)
REMOVAL (Specify)	10 0	an on	anala Camada		Manadal	-7 on d 77-
Burial 25A. DATE REC'D BY HE	ALTH DEPT	25B. NAME C	rch Cemete	25C. FUNERAL DIR	Northumber	rland, Va.
nco 1			2 Farberna			
154	1967	Merch 6	L. Mandey Trial	relson	runeral Home	1348 Calhoun S
VS 150-REV. 1/1/65						



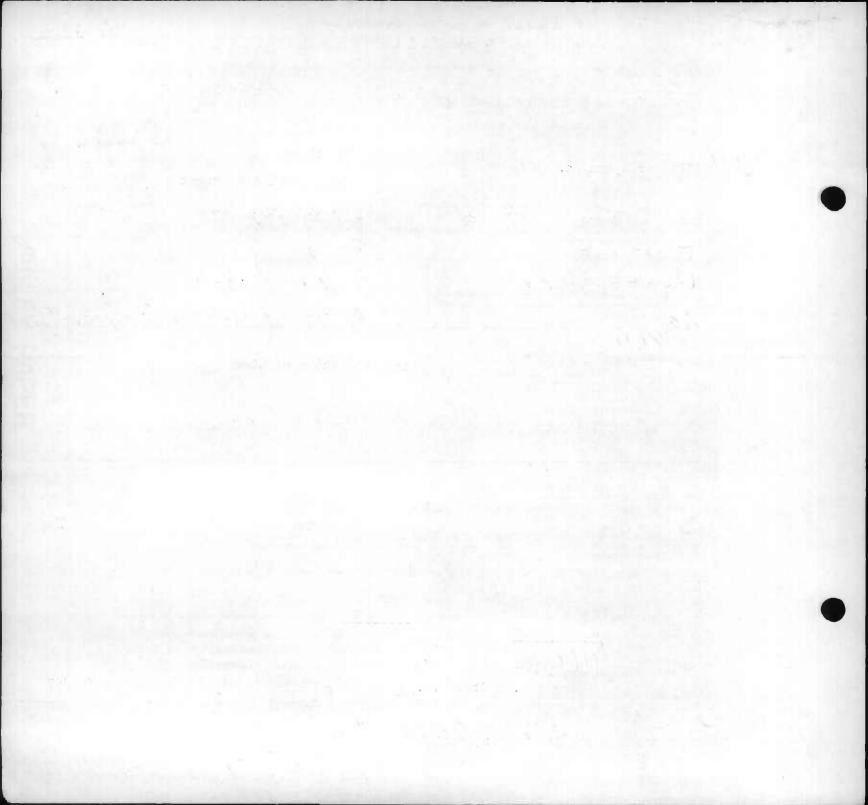
## FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	-65	_ OM	- d = 1	BALTIMORE CITY	HEALTH DEPARTMENT		67 11516	
	H NO.	Q./	1151	CERTIFICA	TE OF DEATH	Registered Na.	01 11010	
.N.	AME OF DEC	VIOLA	CRON	ER		27,1967	М.	
3. P	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (When		nstitution: residence before odmission)	
H	ULL NAME O OSPITAL OR ISTITUTION	F (If not in hospital oddress or location		give street	Md .	side city limits, write	RURAL ond given was the	
1	) Bel	la' Mae Nur	sing	Home	Balto.		60.04	
7	0				147 S. Calv	rurol, give locotion) Verton Rd.		
s. s	male	Colored		D, NEVER MARRIED D, DIVORCED (specify) OW		9. AGE (In years lost birthdoy) 70	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
done		vorking fife, even if retired)	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
	ATHER'S NAM				14. MOTHER'S MAIDEN NA	ME		
	Unk	nown			Unknown			
5. V	Vas Deceased ,no or unknown	Ever in U. S. Armed Ford	ces? s of service)	1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No	1			Thelma Banks	147 S. Ca		
	(This does no heart failure, injury ar carr	E OR CONDITION DIR LEADING TO DEATH at mean the made at asthenia, etc. If means uplication which caused ANTECEDENT CAUSES OR CONDITIONS, if	dying, e.g. fhe disease deafh.)	(8) AV	te Coronary Lenioscle	y thrombo	INTERNAL BETWEEN ONSET AND DEATH 3 HOURS	
NOI	OTHER SIGNI	e abave cause (A) G CONDITION last,  II FICANT CONDITIONS C EATH BUT NOT RELA	ONTRIBUTIN	IG				
CERTIFICATION		CONDITION CAUSING I	T. DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED	
ERTI	0							
	OR CONTRIBL	TING CAUSE OF medical examiner	21 ho	me, lorm, foctory, street, of	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)	
MEDICAL	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY IAPPROX.) While At  Not While At Work At Work					URY OCCUR?		
	22. I certify that (I) (this hospital) attended the deceased fram 5-29- 1965 to 11-27- 1967.							
	that (1) (we) last saw the deceased alive an 10 24 19 67 and that in(my) (ewe) apinlan death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.  23A. SLONATURE							
	23C. PHYSICIA NAME (T	yge)	· 6	Wens M.D.	23D. ADDRESS	E. Fede	val St Baltimore had	
Z4A	REMOVAL S	MATION, 24B. DATE	767 A	Ballo: Mall	MATORY Permi DE	Ballo.	(Stote)	
25A	DEC DEC	1 1967 Put	258. NAME	OF REGISTRAR	250 FUNERAC DIRECTOR	unual Van	21319 M. Schroyday	
15	50-REV. 1/1/	55				7		



VS 151-REV. 1/1/65



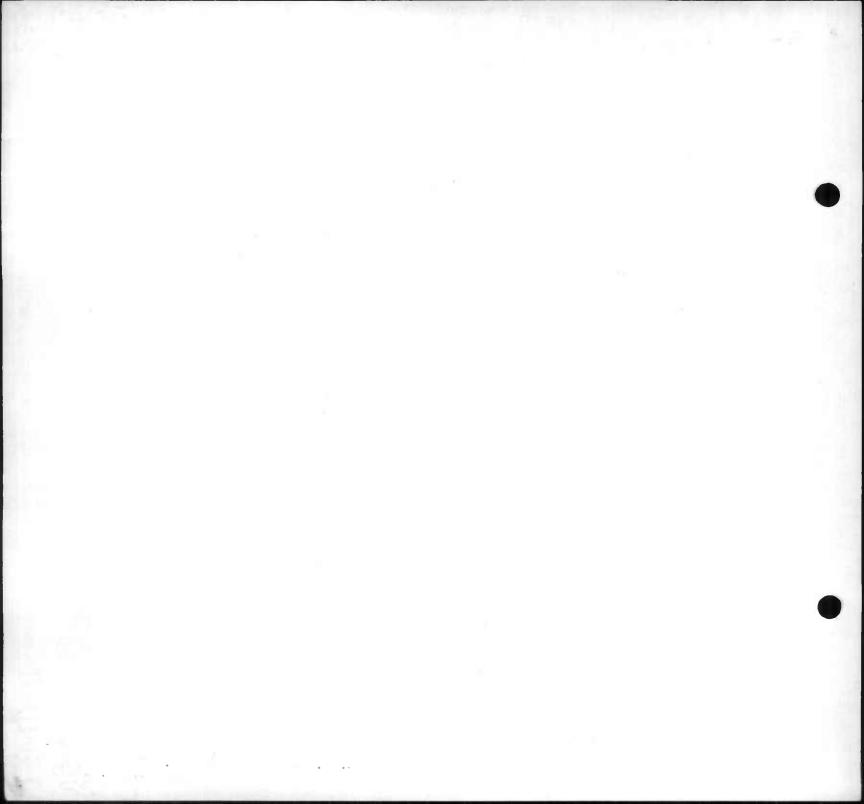
VS 150-REV. 1/1/65

후 이렇게 보는 이렇게 하는 말로 보고 있다. 그런 그런 역사되었다면 보고 모든 기회

to strange of Table 19 Table 1

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT	10
BIRTH NO. 67 11519 CERTIFICATE OF DEATH Registered No. 67 115	19
INAME OF DECEASED  1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH  (Type or Pint)	111000
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, if institution: residence	145 P. M.
A. STATE 8. COUNTY	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)  INSTITUTION  C. CITY OR TOWN (If outside city timits, write RURAL and give to	wnship)
LITTLE SISTERS OF THE TOOK   BALTIMAPE	
BALTIMORE, MARYLAND 21202 1200 VALLEY ST.  5. SEX   6. RACE   7. MARRIED NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In yeors   11 Under 1 Yr. )	If Hadas 24 Has
WIDOWED, DIVORCED (specify)  9-10-1904 (ost birthday)  Months: Doys  10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF	If Under 24 Hrs. Hours Min.
done during most of working life, even if retired)   WHAT COU	NTRY?
HOUSE KEEPER BALTIMORE, MD. U.	S.A.
13. FATHERS NAME  MATTMEN WHITE  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL  17. INFORMANT  ADDRE	
MATTHEW WHITE DELIA, GARVEY	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  NO  16. SOCIAL SECURITY NO.  NONE  17. INFORMANT  12. OF THE POOR BALTIN	ALLEY ST.
18. CAUSE OF DEATH INTERV	L BETWEEN
	AND DEATH
(This does not mean the made af dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	<b>276 6</b> 6 6 76 6 7 7 7 6 7 7 7 6 7 7 7 7 7
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C) UNDERLYING CONDITION last,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIL IN CERTIFYING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact	DERED
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	locotion)
OF INJURY  (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED  While At Not While	
While At Not While Work At Work	
22. I certify that (1)(this hospital) attended the deceased fram 1966 to Nov. 80	1967,
that (1) (we) lost saw the deceased alive an 2000 Ut 30 1968 and that in (my) (aur) apinion death occu	rred an the date
and haur ond fram the causes stated above (1) (We) (did) (did nat) view the bady ofter death.	
23A. SIGNATURE	
Konley (horange M.D. Attending Med. Stoff Phys.   Med. Director Phys.	0.6)
STANLEY ANKUDAS M.D. 1101 MAIDEN CHOICE LANE BALT.	Mo,
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county REMOVAL (Specify)	(Stote)
Burial 12/2/67 New Cathedral Baltimore	Md.
DEC 1 1967 Registrar H. W. Jenkins & Sons Co. 4905 Your H. W. Jenkins Your H. W. Y. W. W. Y. W.	Res Road
VS 150-REV. 1/1/65	21212



BALTIMORE CITY HEALTH DEPARTMENT CAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD LEE MARY November 26 11:20 P. M. 3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and give lewnship) Baltimore D. STREET ADDRESS (If rural, give location) Johns Hopkins Hospital 1536 Aisquith Street 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy Months | Doys | Hours , Min. WIDO WED, DIVORGED (specify) Negro Female IOA USUAL OCCUPATION (GIVE kind of work 10B. KIND OF BUSINESS OR INDUSTR country) 12. CITIZEN OF during most of working, life, even of retired) WHAT COUNTRY? THER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL ADDRESS SECURITY NO. (Yes, no or unknown), (If yes, give wor or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Burns Over 80% Of Body Surface Inci-(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXXXX dental To Conflagration ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)..... O CERTIFICATI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-1536 Aisquith Street Home 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21 D TIME OF INJURY (Month) (Doy) (Hour) NOT WHILE X (APPROX.) 4:30 P. m. WHILE AT 11/25/67 Burned during conflagration I certify that I held an Inquiry Inspection X Autopsy and that on this basis, death in my apinion resulted fram: Natural causes Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M. D. ASSISTANT MEDICAL EXAMINER X SIGNATURE 11/27/67 EXAMINER'S ASSOCIATE MEDICAL EXAMINER Werner U. Spitz, M.B. NAME (Type) 23A. BURIAL CREMATION. 23B. DATE 23C. NAME of CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 248, NAME OF REGISTRAR

VS 151-REV. 1/1/65

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eceased Was

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D.O.A.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) BRAUN 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY Maryland Anne Arundel (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN write RURAL Baltimore City Hospitals Edgewater 4940 Eastern Avenue D. STREET ADDRESS (It rural, give tacation) Rt. #3, Box Baltimore, Maryland #307 21037 mad 5. SEX 7. MARRIED, NEVER MARRIED If Under 1 Yr. Manths Days B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthday) temale / |hite Widowed 5-8-1890 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF done during most of working life, even if retired) disposition WHAT COUNTRY? U.S.A. Illinois 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Tanner 15. Was Decoased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give wor ar dates of service) SECURITY NO. Records: BCH-4940 Eastern Avenue 340-01**-**1266 **-D** CAUSE OF DEATH INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., hearf failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, fo the above couse (A) stating the UNDERLYING CONDITION lost. remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED YES YES 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, lorm, tactory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (natity medical examined 21D. TIME obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work 22. I certify that (1) (this hospital attended the deceased from 6 that (1) live) lost sow the deceased alive on. .19 and that in (my) (our) opinion death occurred on the date pe ond hour and from the causes stoted above. (D(We) ((id))(did nat) view the body after death. must 23A. SIGNATUR 23B, DATE SIGNED Attending Med Statt M.D. Phys. Phys. Director approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type M.D. 4940 Eastern Avenue, Baltimore, Maryland 21224 24A BURIAL CREMATION, 24B. 24D. LOCATION 25A. DATE REC'D BY HEALTH DEPT. FUNERAL DIRECTOR ADDRESS -VS 150-REV, 1/1/65

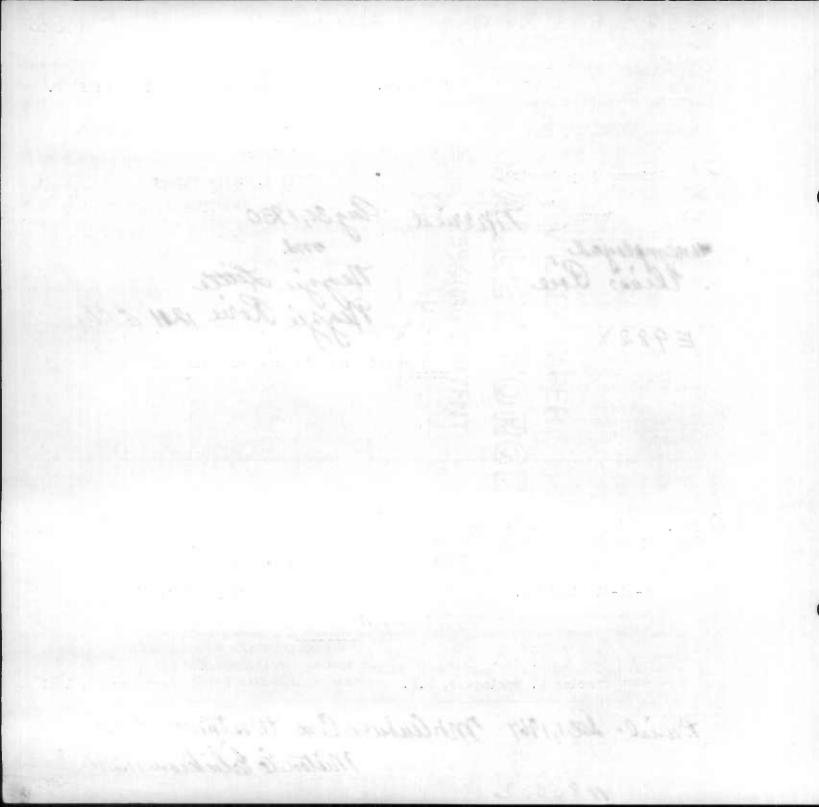
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12-4-67 MERCRIAL P. CON CONSIDER TO SEE DOME

## FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	4-620	BALTIMORE CITY	HEALTH DEPARTMENT		67 11522
-	н но, 67 115	522 CERTIFICA	TE OF DEATH	Registered Na	01 11000
	AME OF DECEASED	41		HOUR OF DEATH	
	e or Print)	Harre	nou.	116, 196	7 M.
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	5214040	4. USUAL RESIDENCE (Where A, STATE B. COUNT		stitution: residence before admission)
F	ULL NAME OF (If not in hospital or institut IOSPITAL OR oddress or location) NSTITUTION	ion, give street	C. CITY OR TOWN (If outs	ide city limits, write R	URAL ond give township)
0	0.1.10	1		urol, give location)	01/0
2	04430 St. Sear	ges lige.	7430 St	Herryes	are.
5, \$	EX 6. RACE 7. MART	NED, NEVER MARRIED	8, DATE OF BIRTH 9	. AGE (In yours	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
0	male Colored &	Vidower	april 14 1893	74	
	USUAL OCCUPATION (Give kind of work 108, KIN) during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
gone	Retered	V	me		Wild Godiner
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAM	NE .	
	916		m.11 >		
15 \	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes	no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	may Bu	44420	A Share Ga
-	18	CAUSE O	F DEATH	JC / 100.	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	Cata	The state of the s	Mact	ONSET AND DEATH
	(This daes not meen the made of dying,	e.g., DUE TO	N3-00 18-00 0	lacut	
	heart foilure, asthenia, etc. It means the dise injury ar camplication which coused deeth.)		reace		
	ANTECEDENT CAUSES	(B)		*************************	
}	DISEASES OR CONDITIONS, if any, gi	ving	A 141 6		
	rise to the above couse (A) stoling UNDERLYING CONDITION tost.		erve a		
	II				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
ICA	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
CERTIFIC	WAS PERFORMED			IN CERTIFYING CAL	JSES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF tNJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact locotion)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
2	(APPROX.)	While At Not While Work At Work	e 7		1 - 1
	22. I certify that (1) (this haspital) attend	7 '	114167	9 to 11	3 ( 719
	that (I) (we) last saw the deceased alive				nian death accurred an the date
		1/1/		The thinys (dot) april	f
	and haur and from the causes stated abav	e. (I) (me) (did) (did nat) v	riew the bady after death.		23B, DATE SIONED
	W 6 anser	M.D. Atte	Med. Director	Stoff Phys.	366
	23C. PHYSI CIAM'S NAME (Type)		23D. ADDRESS	1	e we
244	W & ITIZ:V	M.D.	1000	rest in to	
ZAA	REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE	ematory Park 24D. LO	CATION J (CI	y, town, or county) (Stote)
25Á	DATE REC'D BY HEALTH DEPT. 258, NA	ME_OF REGISTRAR	2SC. FUNERAL DIRECTOR	vulue	ADDRESS
	VEC 1 1967 Role & E	. Farley M. R	Millan & 1	lukron 11	297. Carling St
VS	150-REV. 1/1/65			1	

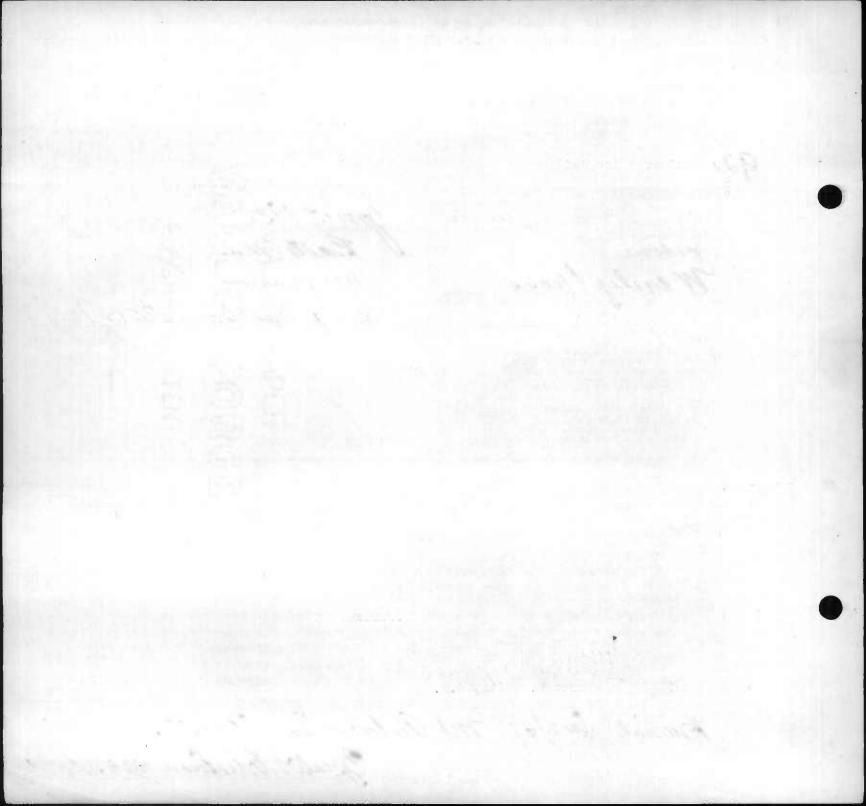


21:11:1937 Bull. md. Luck Driem year dean Wille There Monpoor Ella mier wales -Burial Mer / 107 Mary St Cometery "11 1 /2 1 Horally Whickory William

This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing c	FUNERAL DIRECTOR: IMPORTANT he chief medical examiner or his assistant il by a medical examiner. Also, if the dire	ECTOR: examiner o	IMPORTAN r his assistant Nso, if the di	T if death occurred in
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined caus	(2) Body burns; (3	3) A fracture	of any kind;	(4) Undetermined cau
was D.O.A. at a hospital (except where the physician who pronounced death was in regular atte	re the physician	who pron	ounced death	was in regular afte
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior	physician was in	n regular a	ittendance on	the deceased prior
were to be a second married by a bearing at the married was a market by the all the second to the second as the second as	fare also as a man	mine am harin	L land and Lan	opposition is march

172	BALTIMORE CITY HEALTH DEPARTMENT
T.C.D.O.S	BIRTH NO. 67 11525 CERTIFICATE OF DEATH Registered No. 67 11525
anc eath ased th th	I. NAME OF DECEASED
de de con	(Type or Print) AND FEW DAVIS 11/28/67 8 32 P.M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceosed fived. If institution: residence before admission)  A. STATE  B. COUNTY
5)	FULL NAME OF (If not in hospital or institution, give street)
	HOSPITAL OR oddress or locotion)  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
/	02022 F. PRESTON ST. BALTO- D. STREET ADDRESS (If rurol, give location)
ting d cau d cau d cau	D. STREET ADDRESS (If rurol, give locotion)
- D D D	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.
ath occurre or contribut determined in regular deceased p	5. SEX 6. RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
det det	done during most of working life, even if retired)
des Cura	13. FATHER'S NAME
# (4) × 4 ods	BOLUS DAVIS BEHY FIELDS.
0 0 0 0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Ilf yes, give wor or dates of service)  16. SOCIAL SECURITY NO.
the the dear	XE 7/17/18-8/21/19 719-10-7029/ESSIE F WAVIS 2022E. PRESTON
a # 5 9 9 5	18. 3 3 / V I CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
his of a of a unc ten	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH
Als nou att	(This does not mean the mode of dying, e.g., DUE TO
fracture pror	heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.)
fra e	ANTECEDENT CAUSES (B) Meiner Municipal Company
A A Wh	DISEASES OR CONDITIONS, il any, giving
(3) (3) in in is a	rise to the obove couse (A) stating the (C) USELYING CONDITION lost.
dical ical rns; sicic was	
0007	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
TE>0.00	19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 120A, ALITOPSYZ (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED
chi Boo the the ysi	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
	OP CONTENSITING OF ALISE OF LANGE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
N 9 9 9 9 9 9 9	DEATH (notify medical examiner) etc.)
hosp natur ept w d (6)	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  While At The Not While The
	While At Not While At Work
pro the iny exc an obt	22. I certify that (1) (Nais hespital) attended the deceased from 1970 to 1967,
app to the the of an of an (e)	that (1) (yes) last saw the deceased alive on 15 UY 1967 and that In(my) Jour) apinion death accurred an the date
dent of dent of dent of death)	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.
3 6 0 0	23A. SIGNATURE  23B. DATE SIGNED  M.D. Attending Med. Staff
a historical	Phys. Director Phys.
y was rely y was rely (1) An acc ).A. at a b d prior to approval	23C. PHYSICIAN'S NAME (Type) SIMIN A CANTEN M.D. 471 Dead Hale A
certificat body was vs: (1) An D.O.A. a assed pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) (State)
LT OOF	BURIAL 12/1/67 BALTO NATIONAL 5501 FREDERICK AVE
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
This the show was dece	DEC 1 1967 Polest E. Jankey Park 13 forty & 1304 / Conhast Ge
	VS 150-REV. 1/1/65

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## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	3-65	53				HEALTH DEPARTM	ENT		67 11500
	TH NO. E. CASE NO.		67	115%	CERTIFICA	TE OF DEA	TH	Registered No.	12021
1,1	pe or Print)	har	lex	, /5	urnette	2. 0	ATE AN	11-30-4	7 3:00 am
3.	PLACE OF DEA	TH IN BALTI	MORE, MAR	RYLAND			CE (Where	e deceased lived. If in	stitution: residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION		in hospital a or location		, give streel	C. CITY OR TOWN	7 ilf Syl	Dalle side city limits, write I	RURAL and give joynghip)
X	N31110110IV		10		, ,	La	ete	mare	matt-06
1	raryl	and	Ger	un	le Daspil	D. STREET ADDRESS		Mt Cae	gal line
5. 5	M.	6. RACE			D. MEVER MARRIED Ed. DIVORCED (specify)	26-3-89		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCU				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sept.	e or forei	gn country!	12. CITIZEN OF WHAT COUNTRY
-	Seler	ed		Sho	emaker	UE	al	es	U. JA
13.	FATHER'S NAM	1E ~	/	3		14. MOTHER'S MAIL	DEN NA	<b>%</b>	•
2	10 me	nie	×	Jur	nelle	Mar	ef	2	
15. (Ye	Wos Deceosed s, no or unknown)	(If yes, give	Anned Forces	es? s of service	16. SOCIAL SECURITY NO. 214-18-6078A	17. INFORMANT	XXXX	Mrs Agr	nes Castillo
	1B. // ) *	2/1		·	CAUSE O	F DEATH			Sama INTERVAL BETWEEN
		E OR COND		ECTLY				Λ (	ONSET AND DEATH
		LEADING TO		aluta a a s	(A) C	icute ag	san	ulocy wers'	?days
	(This daes no hearl failure, o	asthenia, etc	. II means	the diseas		,		1	
	injury or comp	NTECEDEN		death.)	(B) A	stomoscle	inte	Cardinas	culin - Gens
	DISEASES OF			inv civin	DUE TO		/	Marine	
	rise la the	abave co	use (A)						
	UNDERLYING	CONDINO	N lasi.						1
VIION	OTHER SIGNIF TO THE DE DISEASE OR O	ATH BUT	NOT RELA	TED TO	N G THE				
CERTIFICATIO	19A. DATE OF		-	DITION FOR	WHICH OPERATION	20 A. AUSOPSY? (Y	es or No	208. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21 A. ACCIDEN OR CONTRIBUT DEATH (notify	TING CAU	SE OF	h	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of ic.)			(If in Boltimore	e City, give exact location)
MEDIC	21 D. TIME OF INJURY	(Month) (De	y) (Yeor)	(Hour) 2	E. INJURY OCCURRED	21 F. HOW	DID INJ	URY OCCUR?	
\$	(APPROX.)	-			Vhile At Not While Nork At Work	e 🗌			
	22. I certify t	that (1) (this	hospitol)		the deceased from.	1-29	1	96710	11-30 1967.
	that (I) (we)	lost sow the	e deceose	d olive on	11-30	19 67	ond the		nion deoth occurred on the dote
	ond hour ond	fram the co	uses state	ed above.	(I) (We) (did) (did not) v	/			
	23A. SIGNATUR	(E		~					23 B, DATE SIGNED
	X.	Klong	24 (	liver	M.D. Atte	ending Med. s. Direck		Stoff Phy s.	11-30-67
	23C. PHYSICIAN NAME (Ty	N'S		0	2 -	23 D. ADDRESS			
	LIK	EM PS	R	Ou	UENS M.D.	1			
24/	REMOVAL (Sp		DATE	24C.	NAME of CEMETERY of CRE	MATORY	24D. LC	OCATION (C)	ly, town, or county) (Stote)
-	Burial		2/4/67		Holy Redeemer			altimore	Maryland
25 <i>A</i>	DEC 1	1967	P.C.	25B. NAME	OF REGISTRAR	Leonard J		Inc. 5305	ADDRESS
VS.	150-REV. 1/1/6	5		1 (4)			7	7	

AN INCHES AND AN AREA STORY

BALTIMORE CI	TY HEALTH DEPARTMENT							
BIRTH NO.  M.E. CASE NO.  67 11528 CERTIFIC	ATE OF DEATH Registered No. 07 11528							
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH							
(Type or Print) MARY SPIERS	11/28/67 / / PM.							
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where defeosed lived. If institution: residence before admission) A. STATE B. COUNTY							
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)							
INSTITUTION	BALTIMORE  D. STREET ADDRESS (If rurol, give location)							
MERCY HOSPITAL	D. STREET ADDRESS (If rurol, give location)							
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   16 Under 1 Yr. , 16 Under 24 Hrs.   Norths; Doys Hours; Min.							
F NESRO WID.	7/22/79 88							
10A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUST dane during most of working life, even if retired)	RY 11. BIRTHPLA GE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY?							
John Colling Med Collection of	VIRGINIA USA							
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
DENNIS DIGGS	CATHERINE CONTRE							
15. Was Deceased Ever in U. S. Armed Forkes? (Yes, no or unknown) (If yes, give wor or dates of service)	17. INFORMANT ADDRESS							
1B. 1 / 1 CAUSE	OF DEATH INTERVAL BETWEEN							
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH							
LEADING TO DEATH	to House tailing (months) minutes							
(This does not mean the made of dying e.g.								
(This does not mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost.  DUE TO  (B) Hypertensive Cardiovascular Dicease? Years  (C) Arteriolian Nephroschiosia ? Years								
ANTECEDENT CAUSES (B) Typ	sevensure Cardiovascalar Vicase: years							
DUE TO	1 . 0 . 11							
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the	terrolian Neubroschosie " years							
UNDERLYING CONDITION Iosi.								
DISEASE OR CONDITION CAUSING IT.	[20 A. AUTOPSY? (Yes or No.)] 20B. IF YES, WERE FINDINGS CONSIDERED							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	Yes IN CERTIFYING CAUSES OF DEATH?							
	office bldg., INJURY OCCUR?							
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
While At Not W								
Work C AT WE								
22. I certify that (I) (this hospital) attended the deceased fram								
that (1) (we) ast saw the deceased alive an 11/28	19ond that i (my) our) opinion death occurred on the dat							
and hour and fram the causes stated above. (1)(We) (did) (did nat	) view the bady ofter death.							
23A. SIGNATURE	23B, DATE SIGNED							
M.D.	Allending Med. Staff Phys. Director Phys.							
TOUR TILL	23D. ADDRESS							
23C. PHYSICIAN'S NAME Nype)	11 10							
MENNETH STERN M.	MERCY (102 POTAL							
24A. BURIAL CREMATION, 24B. DATE 24C, NAME OI CEMETERY OF	CREMATORY (City, lown, or county) (Stole)							
Murial Wee 2 hot walkedrak	Callmine							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	255 NUNE AL DIRECTOR							
DEC A 1067 DO & C TAN "	Hulip Houry Juna Onlamas a							
VS 150-REV. 1/1/65	The state of the s							

MERLY HOSFITEL

9160

PT /52/1

AIRE HOLE

100

BALTINE E

IZE VALLEY ST

BUDGHTA)

DEWNIS DIGGS

Tenneth Stern

YEURTH STERN

Acate Hourt Failure (mysters) in Hypertension Conditionales Justin 1

7255

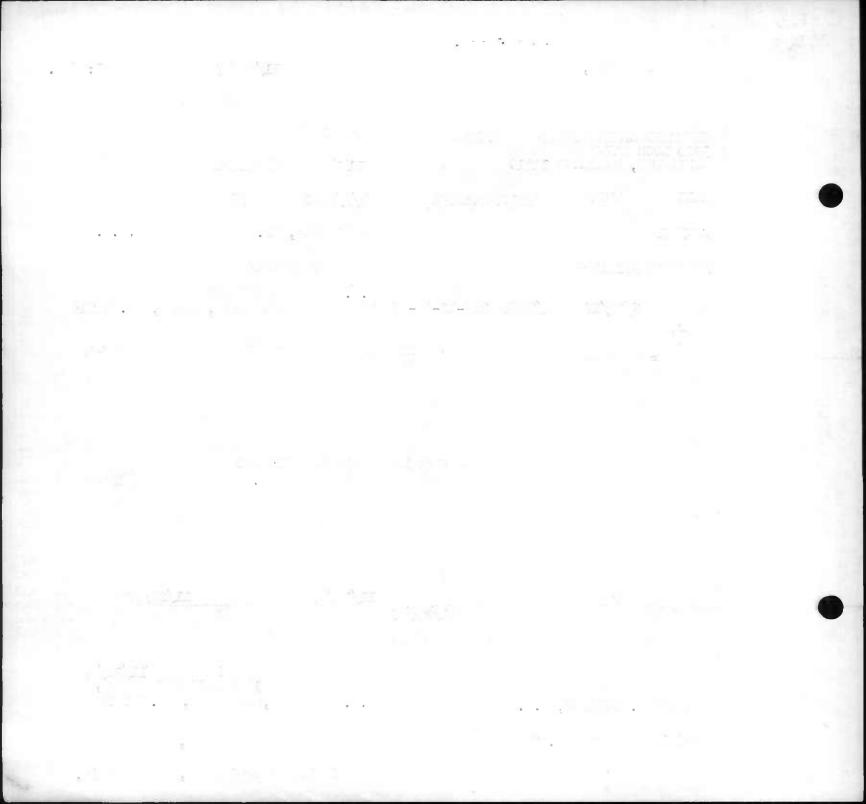
(9 er/4 0

Detropost yours!

VS 150-REV. 1/1/65

		OP	BALTIMORE CITY	HEALTH DEPARTMENT		67 11529
	H NO.	67	11529 CERTIFICA	TE OF DEATH	Registered No.	0, 11059
.N	AME OF DECE	ASED	t.	2. DATE AN	D HOUR OF DEATH	
lyp	e or Print)	STERLOH, HENR	Y (NMI)	11/	29/67	12:05 P. M.
3. F		TH IN BALTIMORE, MA		A. STATE B. COUN	TY	tution: residence before odmission)
1	FULL NAME OF HOSPITAL OR NSTITUTION	F (If not in hospital address or location	or institution, give street n)		TIMORE CITY  Iside city limits, write RUE	RAL ond give Jownship)
7	FTERANS	ADMINISTRATI	ON HOSPITAL	BALTIMORE		21-06
		H RAVEN BOULE		D. STREET ADDRESS O	rurol, give location)	/
		E, MARYLAND 2		1175 SARGENT S	STREET SARG	FERMI
5. 5		6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	O ACE (In	I Under 1 Yr. II Under 24 Hrs.
7	ALE	WHITE	WIDOWED, DIVORCED (specily)	4/9/1892	lost birthdoy)	Months Doys Hours Min.
-			NEVER MARKIED		an country)	12. CITIZEN OF
don	e during most of w	vorking life, even if retired)	100			WHAT COUNTRY?
L	ABORER			BALTIMORE, MD.		U.S.A.
13.	FATHER'S NAM	N E		14. MOTHER'S MAIDEN NA	ME	
T	HEODORE	OSTERLOH		MARGARET GEBHAR	T	
5.	Wos Deceased	Ever in U. S. Armed For		V.A. HOSPITAL R	Pagonna	ADDRESS
Tes		(If yes, give wor or dote				ND 07070
_	YES	5/30/17 TO 9	/27/19 219-12-86-87	3900 LOCH RAVEN	BLVD, BALTO,	
	1B. 42	0.0		F DEATH		ONSET AND DEATH
	/	E OR CONDITION DIF	RECTLY	RIOSCLEROTIC HEAD	RT	INCOLORI
		al mean the mode of	dving. e.g (A) DISEA	SE		UNKNOWN
	heort foilure,	osthenia, etc. Il means plication which caused	the disease,			
		NTECEDENT CAUSES				
		R CONDITIONS, if obove couse (A)				
		CONDITION last.		***************************************		
	-	- 11			4	-
NO		CANT CONDITIONS C	OTT MOUNTAIN	RTERIOSCLEROSIS		
ATION		EATH BUT NOT RELA CONDITION CAUSING I		NEPHROSCLEROSIS	•	UNKNOWN
IC.	19A. DATE OF	OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		
ERTIFIC	2	WAS PER	FORMED	YES	YES	ES OF DEATH?
CE	21A. ACCIDEN	IT WAS UNDERLYING TING CAUSE OF	21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID		City, give exact location)
AL	DEATH (notify	medical examiner	home, form, foctory, street, o	office bldg., INJURY OCCUR?		
EDIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJ	LIBY OCCUP?	
ME	OF INJURY	(Nomini (Doy) (real)	White At Not Whi		ORT OCCOR:	
_	(APPROX)		Work Al Work			- 1/-
	22. I certify	that (this hospital	l) attended the deceased fram	11/29/67	19 10 11/2	9/67
	that (A (we)	last sow the decease	ed alive on 11/29/67		ot in (my) (our) apinic	on deoth occurred on the dote
			ted obove. 11) (We) (did) 1870(761)			
1	23A. SIGNATU		rea obove. My (we) (ara) MACCOM	view the body offer deoffi.	2	3B, DATE SIGNED
J	I SAL SIGNAL O	N.S.	M.D. Att	ending Med.		4.
		T TOTAL TOTAL	Phy	ys. Director	Stolf Phys.	11/30/67
	23C. PHYSICIA	MS ROA Fur	~~~	_	3900 LOCH RAV	
	RALPH	H. TWINING,		V.A. HOSPITAL,	BALTIMORE, MD	. 21218
24/	BURIAL CREA	MATION, 248, DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (City,	town, or county) (State)
	REMOVAL (S	pecify)				
25.	Burial	2 Dec.		V		ryland
20 F	DATE RECO.	BY HEALTH DEPT	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
			West E. Jankey Mak	Kirklev Fun	eral Home, Gl	en Burnie.

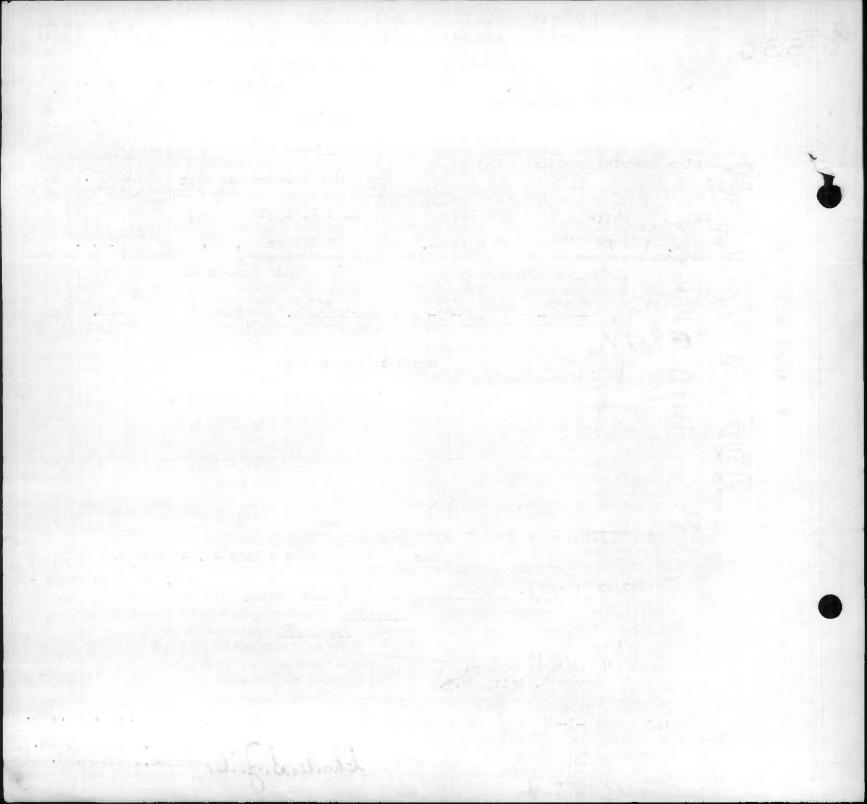
Kirkley Funeral Home, Glen Burnie,



BIRTH NO.

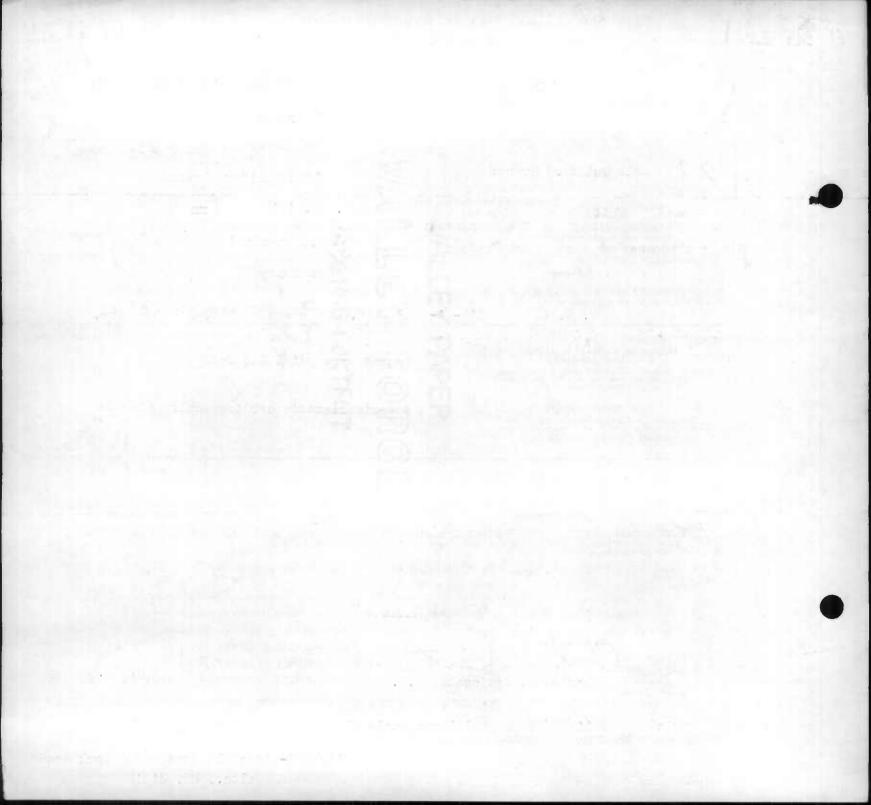
## 67 11530 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11530

M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)			2. DATE AND HOUR PRONOUNCE	
MELVIN		UNDERS	November 27, 196	
3. PLACE IN BALTIMORE, MARYLAND, W	THERE PRONOUNCED DEAD  AL OR INSTITUTION, GIVE STREET	Mary1		INTY
HOSPITAL OR ADDRESS OR LOCA	ATION)	Balti	WN (If outside corporate limits, write	26-03
Union Memorial Hospi	tal (DOA)	D. STREET ADD	RESS (If rurol, give location)	"
0		4609	Freedom Way West	# 21213 •
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)  Married	8. DATE OF BIRT	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Male White				12. CITIZEN OF
done during most of working life, even if retired)  Asst. Manager	Pep Boys Co.		ltimore , Md.	WHAT COUNTRY?
13. FATHER'S NAME George	Saunders	14. MOTHERS N	Ada Westerman	
15. WAS DECEASED EVER IN U.S. ARMEE		17. INFORMANT		ADDRESS
No No	220-03-5952	Marianna	E. Saunders	Same.
DISEASE OR CONDITION DI LEADING TO DEATH (This does not meon the mode of heort foilure, osthenio, etc. It meon- injury or complication which coused  ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	IRECTLY  If dying e.g., s the disease, death, and death	of DEATH	Head	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON	CONTRIBUTING			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	LATED TO THE			
19A. DATE OF OPERATION 19B. CON	NDITION FOR WHICH OPERATION RFORMED	Yes	T? (Yes or No) 20B. IF YES, WERE FII	
	home, form, foctory, street, or Bar  orl (Hour) 21E. INJURY OCCURRED	21 F. H	3408 Belair Rd V	
I certify that I held on			d that on this bosis, death in n	
resulted from: Notural co	ouses Accident Suicid	e Homic	ide X Undetermined mann	er
ACTUAL SIGNATURE	15 - M.D		MEDICAL EXAMINER XX	DATE SIGNED
16 - 1 - 1	U. Spitz, M.D.		MEDICAL EXAMINER	11/28/67
23A, BURIAL CREMATION, 23B. DATE REMOVAL (Specify) Burial 12-1-6	7 Oak Lawn C		7225 Eastern	Blvd., Ba. Co., Md.
24A. DATE REC'D BY HEALTH DEPT.	248. NAME OF REGISTRAR	24C. FUNE	RAL DIRECTOR 901	S. Conkling St.
DEC 4 1967	Robert E. Farluna	leha	les S. Feiler Bal	to., 21224, Md.
VS 151-REV. 1/1/65	4		()	L



## 67 11531 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11531

M,	E. CASE NO.								
1. (Ty	NAME OF DEC	EASED					HOUR PRONOUNCED D		
		M	ILDRED	ADAMS	November 26, 1967 2:05 A.M.				
FU	L NAME OF SPITAL OR TITUTION	MORE, MARYLAND, W  (IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  B. COUNTY  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore				
0	00	2822 Guilford	l Avenue			DRESS (If rurol, 2822 Gui)		2.00	
5. 5	EX	6. RACE	WIDO WED, I	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIR	тн 5. 1914	lost birthdov) Mo	Under 1 Yr. If Under 24 Hrs.	
104	Female	White	Wide	owed  BUSINESS OR INDUSTRY			<b>4x9x</b> 53	CITIZEN OF	
don	e during most of w stenog	orking life, even if retired) rapher at	Fort Me		Balto	., Maryl	and	WHAT COUNTRY?	
13.	FATHER'S NAM	Kirwa	n			unknown			
		O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		AD	DRESS	
	yes	W. W.	II	216-01-9865	Mr. Gus	Adams	2822 Guilfor	rd Ave.	
ERTIFICATION	(This does n head failure, injury or com  A DISEASES ( RISE TO THI UN DERLYIN	E OR CONDITION DI LEADING TO DEATH of mean the mode of osthenia, etc. It means uplication which coused  NTECEDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S G CONDITION LAST.  II  IIIFICANT CONDITIONS DEATH BUT NOT RE	dying e.g., the discose, deoth.)  S .NY, GIVING TATING THE	DUE TO  (B) Art  DUE TO  (C)	ent myoca	· · · · · · · · · · · · · · · · · · ·	rdiovasculær d	isease	
CERTIF		CONDITION CAUSING	DITION FOR V	WHICH OPERATION		Y? (Yes or No) 2	OB. IF YES, WERE FINDIN N CERTIFYING CAUSES O	GS CONSIDERED OF DEATH?	
MEDICAL (	21 A. EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	home,	PLACE OF INJURY (e.g., form, foctory, street, of	office bldg., INJUI	WHERE DID (	f in Boltimore City, give ex		
	(APPROX.)		m. V	VHILE AT NOT AT W	WHILE ORK				
	ACTUAL SIGNATU EXAMIN NAME (1	ER'S Charles ype) MATION, 238 DATE	s S. Spr	InspectionAu ccident Suicid  M.D. Ingate, M.D.	CHIEF I ASSISTANT I	MEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL EX	AMINER NOVE	DATE SIGNED ember 26, 1967	
	Burial	11/30,		Baltimore Nat			Baltimore, Mar		
24/	DEC	4 1967 R		Janky MA		ral director hell-Wied	defeld Home 6	500 York Road	
							11. 10 01	74.5	



VS 150-REV. 1/1/65

A 2 May 2 Ma	BALTIMORE CITY	HEALTH DEPARTMENT		67 44500
BIRTH NO. 67 11.	532 CERTIFICA	TE OF DEATH	Registered Na.	67 11532
1. NAME OF DECEASED Cecil	1		HOUR OF DEATH	
(SEE - 11/6 E	JONES	4. USUAL RESIDENCE (Where	-29-67.	1/2:12 P. N
3. PLACE OF DEATH IN BALTIMORE MARYLAND	MENDED	4. USUAL RESIDENCE (Where	e deceased lived. If inst	itution: residence before admission)
TOLE NAME OF ATT NOT IN HOSPITOL OF INSTITUTE	on, give street	Manyl	and	
HOSPITAL OR oddress or location) INSTITUTION	12-22-67	C. CITY OR TOWN (Woult	ide city limits, write RU	
1/2		Baltimo	OFE #	2/23970
90		D. STREET ADDRESS (If	urol, give location)	n
South Baltimore GE	NETal Hosp	1114 KIVE	Pside 1	AVE
SEX 6. RACE 7. MARR	WED, DIVORCED (specify)	B. DATE OF BIRTH 905	AGE (In years	If Under 1 Yr. (f Under 24 Hrs Months: Doys Hours Min.
F. White	WED, DIVORCED (specify)	9-30-04	-62- 62	
A. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		12. CITIZEN OF
one during most of warking life, even if retired)			P	WHAT COUNTRY?
B. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	Ga.	U.54
1 111 1		/ )		
	Haney	Luha		
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. y / 2 V	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		-		ONSET AND DEATH
LEADING TO DEATH	(A) Ca	rcinoma of	the lung.	greater than
(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the disea	e.g., DUE TO	rcinoma of upe undetermine	d	14 months
injury or complication which coused death.)	7	P		, mesi,
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, giv				
use to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	····		
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			8.0
TO THE DEATH BUT NOT RELATED TO	THE			
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FI	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		NA.	IN CERTIFYING CAU	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,		(If in Boltimore	City, give exoct locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
		215 110111 212 11111	10.0001100	
OF INJURY	21 E. INJURY OCCURRED  While At Not Whi	21 F. HOW DID INJ	JRY OCCUR?	
(APPROX)	Work At Work			
22. I certify that (this hospital) attended	ed the deceased fram	10-30 1	9 67 to	11-29 1967
that (4)-(we) last saw the deceased alive	11-29	19 67 and the	t in (mu) (aur) apini	an death accurred on the day
and haur and from the causes stated above			(44)	
23A. SIGNATURE	5. (1) (me) (ata) (ata mat)	new the body after death.		23B, DATE SIGNED
	M.D. Att	ending Med.	Staff =	234 DATE 3101120
John albert Biglier,	Phy	s. Director	Phys. 2	11-27-67
NAME (Type)	1 00 1	23D. ADDRESS	11 01	
Wahn ALBERT	- Bigher MA	D 12/2 hi	oht St	reet.
4A. BURIAL CREMATION, 248. DATE 240. REMOVAL (Specify)	NAME OF GEMETERY OF CR	EMATORY 24D. JA	CATION (City	lown, or county) (Stote)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		K	Justield	11/1/0
BURION - Memore 17/4/6/		10	1 accileia	W. 74.
25A. DATE REC'D BY HEALTH DEPT. / 25B. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS /

And without Baylow, m.

Chroscopy of the in

VS 150-REV. 1/1/65

	67	1153	3 BALTIMORE CIT	Y HEALTH DEPARTM		67 11533
BIRTH NO.				ATE OF DEA	TH Registered N	a
M.E. CASE NO.	CEASED			2. [	DATE AND HOUR OF DEAT	тн
(Type at Print)	John E.	Ressle	ייר	N	ov 28,1967	1 5.02 p. A
3. PLACE OF D	EATH IN BALTIMORE, MA		J1	4. USUAL RESIDEN	CE (Where deceased lived, III	f institution: residence before admission
FULL NAME	DF (If not in hospital	or institution, o	uve street			
HOSPITAL DE	oddress or locotic		11001	C. CITY OR TOWN	(Il outside city limits, wri	te RURAL and give township)
1/2				Baltin	more	2/10
42	Sinai Hospi	tal of	Balto	D. STREET ADDRESS		"
7	6. RACE	T AAABBIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	6. # 15 If Under 1 Yr. If Under 24 Hrs
5. SEX		WIDOWED	, DIVORCED (specify)		lost birthdoy)	Manths Doys Hours Min.
Male	White CUPATION (Give kind of wo		rried	Dec 20.1	892 74	12, CITIZEN OF
	of working lite, even if retired)	KIND OF	BOSINESS OK INDOSIK	III. BIKINFEA CE (SIGI	e or ratery country	WHAT COUNTRY?
Securit		Hauswa!	ld Bakery	Marylan		U.S.
3. FATHER'S NA	AME			14. MOTHER'S MAIL	DEN NAME	
Joh	n W. Bassle	er		Lena Br	own.	
5. Was Decease	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	no	,,,,,,,,	?	Charlott	e M.Bassler.	5001 Litchfield
1B. /	2/1		CAUSE	OF DEATH	<u> </u>	INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION D		0	1.	r ha	
(TL:	LEADING TO DEATH		(A) It c	1 monary	he montheye	Louve
heart failure	nal mean the made a e, asthenia, etc. It mean	s the disease,	DUE TO	,		
injury or co	amplication which cause		5	ran hoa	enic Ca.	menthes
	ANTECEDENT CAUSE		DUE TD			
	OR CONDITIONS, if the above cause (A)		10)			
	NG CONDITION last.		,			
-	11			-		
E TO THE	NIFICANT CONDITIONS DEATH BUT NOT REL	ATED TO TH				
DISEASE O	R CONDITION CAUSING	IT.	WHICH OPERATION	20A. AUTOPSY? (1	(es or No) 20B. IF YES WE	RE FINDINGS CONSIDERED
19A. DATE		REDRINED	THE OFERATION	AG IOT STEEL	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21 A. ACCIE	ENT WAS UNDERLYING	218.	PLACE OF INJURY (e.g.,	in or obout 21 C. WHER	E DID (If in Boltin	more City, give exact location)
OR CONTRI	BUTING CAUSE OF ify medical examiner	hom etc.)	e, form, foctory, street,	office bidg., INJURY O	CCU R?	
O 21 D. TIME	(Month) (Doy) (Yeor	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
OF INJURY			le At Not Wi			
	( , 1 , (1) ( )	Wol		N Donald	19 6 2 ta	Aug 10 1969
	fy that (I) (this hospite		ne decedsed from	0 600		/
	e) last saw the deceas		\ (W \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			opinian death accurred an the do
23A. SIGNA	ind from the causes st	ated abaye.	) (maratolo) (aid nat)	view the bady after	death.	23B, DATE SIGNED
23A. 310HA	0 /	HY.1	) - M.D. A	ttending Med.	Stoff	1//2-/
226 AUVE	your	1) 4	My PI	23D. ADDRESS	for Phys.	11/30/6)
23C. PHYSIC	(Туре)	10	1	( 100 -	Pass Her-	15- R.
700	y mo w "	H. Ilu	bin M.		100	mos ruce.
REMOVAL		24C. NA	AME of CEMETERY or C	REMATORY	24D. LOCATION	(City, town, or county) (State)
Bur		/67 Sa	ters Cemet	ery	Balto Co.M	ld
25A. DATE REC	D BY HEALTH DEPT.	25B. NAME C		25C. FUNERAL		) 2018 P.P. OCA-
	FC # 1201	The Charle	at managed	Lustin	16. Donovan	- J 810 retend work

. . 3 8 2 1 1 1 to 9

		67 1	524 BALTIMORE CITY	HEALTH DEPARTMENT	1/	CM ASTON
- 11	BIRTH NO.		CERTIFICA	TE OF DEATH	Registered Na	67 11534
	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	STERLIN	G , NORRI		D HOUR OF DEATH	1010
	3. PLACE OF DEATH IN	BALTIMORE, MARYLAND	or Indicici	4. USUAL RESIDENCE (When		tutian: residence befare admission)
	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital ar institu oddress or location)	ion, give street	c. CITY OR TOWN (If out	side city fimits, write RU	ATONSVILLE RAL and give tawnship)
	MNION	MEMO	RIAL HOSP.	D. STREET ADDRESS (IF	SYMING?	ON AVE.
	5. SEX 6. RAC	7. MAR WID	RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH  05-15-06	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Aonths; Doys Haurs Min.
2	10A. USUAL OCCUPATIO		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	MAMMA	GER IRA	NZEER \$ STOR-	MARI	LAND	U.SA.
2	13. FATHERS NAME		-	14. MOTHER'S MAIDEN NAM	ME	
2	15. Was Deceased Ever in	u. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	mm	ADDRESS
	1 14	s, give wor or dotes of serv	2/2-09-1586	Chart		
5	18.330	ΧI	CAUSE O	FDEATH	٥.	INTERVAL BETWEEN ONSET AND DEATH
3		CONDITION DIRECTLY	(A) (Q)	rebral Hen	Shertron	14 days
	heart foilure, osther	an the mode of dying, na, etc. If means the dis-	e.g., DUE TO	1	2000	
		on which caused death.) CEDENT CAUSES	(B) Mue	upper of	E Middle	
		ONDITIONS, if any, g	9	rebol A".	et ort	
	UNDERLYING CON	ve couse (A) stating	The (C)	0 - April		
	OTHER SIGNIFICAN TO THE DEATH DISEASE OF COND	T CONDITIONS CONTRIB	JTING THE			
	OTHER SIGNIFICAN TO THE DEATH TO THE DEATH DISEASE OR COND 19 A. DATE OF OPERA U 21A. ACCIDENT WA		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
	OR CONTRIBUTING	CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore C	ity, give exoct location)
Deule	_	th) (Doy) (Year) (Hour)	21E. INJURY OCCURRED  While At Not While At Wark	21F. HOW DID INJ	URY OCCUR?	
001	22. I certify that (	l) (this hospital) attend	led the deceased fram	11/15- 1	967 to 11	/25 67 19
90	-	saw the deceased alive			at in (my) (aur) apini	an death accurred an the date
	and haur and fram	the causes stated aba	ve. (I) (We) (did) (did nat) v	iew the bady after death.	12	3B, DATE SIGNED
		durson	M.D. Atte	nding Med. Director	Stoff Phys.	11/29 67
isom invoide	MAGNUS	K. PETURSSO		23D. ADDRESS	MODIAL HOCK	DITAL
2	24A. BURIAL CREMATIO		C. NAME of CEMETERY OF CRI		MORIAL HOSE	town, or county) (State)
	REMOVAL (Specify)	12-2-67	Larrain C	meter !	Wordlown	) ml.
Written	25A. DATE REC'D BY HE		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	2-4	ADDRESS
	VS 150-REV. 1/1/65	2 4 1967 R.C	sent E. Johnsen A.	Tarley Cer	aralgh	alaevellen

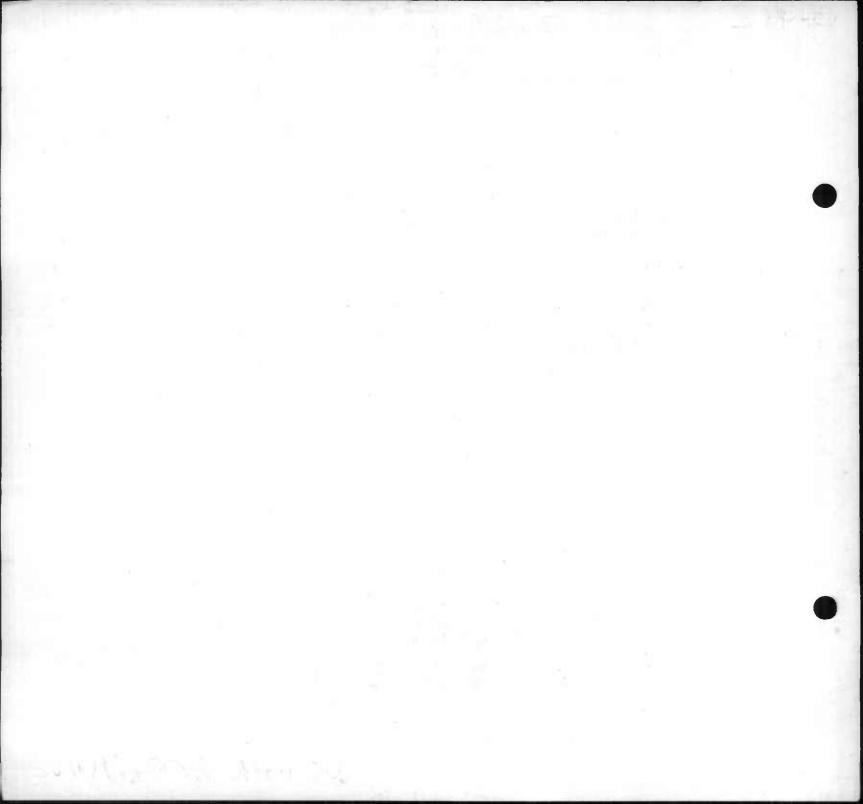
The state of the s CIT FIRST TERM OF CIT THE TOTAL OF COURT OF COUR

	BALTIMORE CITY HEALT	LTH DEPARTMENT	6	7 44505	
BIRTH NO. 07 11535	CERTIFICATE	OF DEATH	Registered Na.	7 11535	
M.E. CASE NO.  1. NAME OF DECEASED			HOUR OF DEATH		
	KWIRUT		per 1, 1967	1:30	P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USI	SUAL RESIDENCE (Where		on: residence before o	dmission)
	A. STA				
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR address or location)		aryland	le city limits, write RURAL	and sive washin)	
INSTITUTION		altimore	e city limits, wille KOKAL	ond Birth	
O O 1110 G Washington Gt			ol, give location)		
00 410 S. Washington St	reet 41	10 S. Washir	ngton Stree	t	
5. SEX   6. RACE   7. MARRIED, NE		TE OF BIRTH 9.	AGE (In years If U	Jnder 1 Yr If Unde	r 24 Hrs.
Male White Wido	DIVORCED (specify)	5/1894	t birthdoy) Mon	ths Doys Hours	Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BU			country) 12.	CITIZEN OF	
done during most of working lile, even if retired)	- V6 T	D = 3 3		WHAT COUNTRY?	
Tailor Clothin		Poland NOTHERS MAIDEN NAME		U.S.A.	
	17. 101				
Walenty Skwirut		Jadwiga I	yyzio		
15. Was Decoased Ever in U. S. Armed Forces? (Yes,no or unknown)(If yes, give wor or dotes of service)	SOCIAL 17. INF	IFORMANT		ADDRESS	
No - 216	-07-4288 Mrs	s.Martha Se:	rio,6721 Br	entwood A	ve
18. 260 X I	CAUSE OF DEAT			INTERVAL BETW	EEN
DISEASE OR CONDITION DIRECTLY	1	0 . 0	1	ONSEL AND DE	AIR
LEADING TO DEATH	(A)	my Ochu	uerl		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease,	DUE TO	6000			
injury or complication which caused death.)	Typul	und CO	J	Λ	
ANTECEDENT CAUSES	DUE TO CUL	enteronis_	Lenu leges	<i>-{}</i>	
DISEASES OR CONDITIONS, if ony, giving tise to the obove cause (A) stating the		11	4	,	
UNDERLYING CONDITION last.	1)10	abille he	ellecto	***************************************	
II.		700			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
■ DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION 20A	A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDIS	NGS CONSIDERED OF DEATH?	
and the second s			Her Bur de		
OR CONTRIBUTING CAUSE OF home.	ACE OF INJURY le.g., in or obo form, foctory, street, office bld	dg. INJURY OCCUR?	Ilt in Boltimore City,	give exact location)	
O O					
OF INJURY	JURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?		
While   Work	Al Not While At Work	0	. /	//	
22. I certify that (I) (this: haspital) attended the	deceased from	1aw 19	V 10 /	19	67
that (I) (We) lost sow the deceased alive an	11/30/	1 10	in(my) (but) apinion	deoth occurred an	the dote
and hour and fram the causes stated abave. (1) (	Na) (did) (did-me) viam eh				
23A. SIGNATURE	A LUICI (CIC HOI) VIEW IN	Juay uner ucum.	23 B.	DATE SIGNED /	
Acelia L. Horn	ele M.D. Attending Phys.	Med. St	off	12/2/6"	7
23C, PHYSICIAN'S		Director Pt	y s.	17/	
23C. PHYSICIAN'S NAME IType)  IM. J. JAWORS KI	1	DII Carlou	(and)	/	
	M.D.	11/ Car was	1100	V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-	15
REMOVAL (Specify) 10/5/67 C+	Stonicles			We Xe Xe XuXuX	[Stote]
Burial 12/9/07 St.	Stanislaus		,	ryland	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR 250	F. SADOWSKI	& SONS,180	8 EASTERN	AVE
DEC 4 1967 12 0 8- 8	Fa. Owner	-T -PUDOMONT	~ DOMD, 100	O DEDITIN	NY A TO

City, New D. Nork CAUNTY (Stote) REMOVAL (Specify) 12/5/67 St. Stanislaus Baltimore, Maryland Burial 25A. DATE REC'D BY HEALTH DEPT. .F. SADOWSKI & SONS, 1808 EASTERN AVE VS 150-REV. 1/1/6\$

coming to relieve Hatherland Cor. Mulistages Stewn God 3911 Carton line M. J. IAWEBSKI

		OF	4 4 20 0	BALTIMORE CITY	HEALTH DEPARTMENT		67 11536
	H NO.	6.7	115	CERTIFICA	TE OF DEATH	Registered Na	01 11000
1. N	AME OF DECE	A 0.00		WILLIAM		HOUR OF DEATH	11-20/A.M.
3. F	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		A. STATE B. COUNT	Υ	titution: residence before admission)
	ULL NAME OF			give street	MARYLI	9 N D	
(NSTITUTION HOUSE IN PINES-			C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
0	LPI IN	ERE-NU	NSING	HOM E	D. STREET ADDRESS (If re	urol, give location)	A 52 +
					1	Gilmor	57
5. \$	M	6. RACE	WIDOWE	NEVER MARRIED D, DIVORCED (specify)	Dec 25, 1891	AGE (In years ost birthdoy)	Nif Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	e during most of w	orking (ite, even if retired)	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
		oremen			Maryland		
13.	FATHER'S NAM		1 11		14. MOTHER'S MAIDEN NAME		
		om H. V			Ida Dors	EY	Amanara
Ye:	s, no or unknown)	Ever in U. S. Armed Fo (If yes, give wor or dot	ces? es of service)	1 6. SOCIAL SECURITY NO.		10/2/	ADDRESS
	Yes	WWI		1		, 1/1//1om	5 908 N. Minto
	18. DISEAS	OR CONDITION DI	DEC TIV	CAUSE O		,	ONSET AND DEATH
		LEADING TO DEATH	KECILT	(A) C. K	1RCINOMA	TOSIS	
		of meon the mode of asthenia, etc. It means					
		plication which caused		CAR	RCINDMA	OF PR	OTRTE
		NTECEDENT CAUSES		DUE TO		······	
	rise to the	R CONDITIONS, if obove couse (A)					
	UNDERLYING	CONDITION last.					
ATION	TO THE DE	II  FICANT CONDITIONS ( EATH BUT NOT REL CONDITION CAUSING	ATED TO TH	G NSCV	0,		
CERTIFICATIO	19A. DATE OF		DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
CAL CE	21A. ACCIDEN OR CONTRIBU DEATH (notify	T WAS UNDERLYING TING CAUSE OF medical examines	211 hor etc	ne, form, factory, street, a	n or about 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact (acotion)
EDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 218	- INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
Σ	(APPROX.)			hile At Not White	е		l all
	22. I certify	that U (this hospito	l) ottended	the deceased from	11 3	907 10	11 28 1987.
	that (we)	lost saw the deceas	ed olive on.	11/28	19 6 7 ond the	tin (my) (our) apir	nian death accurred an the date
	and have and	fram the causes sta	ted abaye.	(We) (did) (did) (di)	view the bady ofter death.	'	
	234 SIGNATU	RE 1 1	1)	1	ending Med.	Stoff -	23 B. DATE SIGNED
	Holp	rond H	lepte	M.D. Att	s. Director	Phys.	19/0/0/
	PHY SICIAL NAME (Ty	pe)	n	M.D.	23D. ADDRESS	Porcel (	3x. 772
244		MATION, 24B. DATE	- a p 1	AME of CEMETERY OF CR	FMATORY 24D LC	CATION (Cit	y, town, or county) (State)
247	REMOVAL IS			alto. Not.	dem B	alto, Mo	7, 07 COUNTY (31016)
25A	DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTOR	100.110	ADDRISS
		EO A SOCT	000	0 700 40	WC mad	M. Q.1264	By out A ve
VS	150-REV. 1/1/6	146-1401	466mi	THE STATE OF THE S	100	7 7 7 -0 (	101010



The Later To Act County For to be digital. Amounts James of Til e A, bus Product was in

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

	M.522	BALTIMORE CITY	HEALTH DEPARTMENT		CF 44500		
	тн но. 67 115	38 CERTIFICA	TE OF DEATH	Registered Na	67 11538		
1.1	E CASE NO.  NAME OF DECEASED  pe or Print)  MANCUSO	IMOGENE	2. DATE AND	HOUR OF DEATH	145 A.M.		
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If in	stitution; residence before admission)		
10	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	37	C. CITY OR TOWN (If outs	ide city limits, write I	RURAL and give township		
47	North Charles GE.	w. HospiTAL	D. STREET ADDRESS OF 115 10		46-06		
			6543 Parnell Av. Balto- 21222				
5.	F W WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify) MARNIED,	8-21-26	AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	A USUAL OCCUPATION (Give kind of work 10B, KIN ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT COUNTRY?		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		/		
.	A.N. BENNET	ar"	PEARL M.	ERIDEL			
15. (Ye	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of serv		17. INFORMANT	1	ADDRESS		
		217-20-976		/	NORTH CHARLES 6.1		
	18. DISEASE OR CONDITION DIRECTLY	CAUSE O		Herris	INTERVAL BETWEEN ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the made of dying,	(A) DUE TO	barrehnois	/TEMORRA	765		
	heoil failure, aslhenia, etc. Il means the disc injuly al camplication which caused death.)	ase,					
	ANTECEDENT CAUSES	(B)	DERTENSION	~~~			
	DISEASES OR CONDITIONS, if any, gi						
	rise to the above cause (A) stoling UNDERLYING CONDITION last.	(6)	***************************************	<u></u>			
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO						
TIFICA		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
CAL CERTIFICA	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)		(If in Boltimore	e City, give exact location)		
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED While At Not Whil		RY OCCUR?			
	22. I certify that (I) (this haspital) attend	Work At Work		967 to 12	[-/ 196]		
24/	that (I) (we) last saw the deceased alive	an 12-1-	19 <u>6 7</u> and tha		nian death accurred an the date		
	and have and from the causes stated above	ce. (I) (We) (did) (did nat) v	iew the body after death.		23 B. DATE SIGNED		
	-Jallayorrer	M.D. Atte	ending Med.	Stoff Phys.	12-1-67		
	23C. PHYSICIANS NAME (Type) 5, de la To		North Cha		EN. Hosp.		
24/		C. NAME of CEMETERY OF CRI	100.0.		ity, town, or county) (State)		
	BURIAL 12/4/67	ST. STANISLA	IIS RAT.	TIMORE, M	ID.		
25/		ME OF REGISTRAR	THE FUNERAL DIRECTOR	Brolle	ADDRESS DUNDALK, MD.		
VS	150-REV. 1/1/65	2	IN PHOODS D	THE TELL TO	WHITE THE		

- X I

		C	<sup>17</sup> 7 a d	BALTIMORE	CITY HEALT	H DEPARTMENT		OP	
11	TH NO.	Ő,		.539 CERTIFI	CATE	OF DEATH	Registered No.	67	11539
1. N	E. CASE NO.	D				2. DATE	AND HOUR OF DEATH		
Ш.	pe at Print)			LEROY		Nov	ember 30, 19	67	6 pm M.
3.	PLACE OF DEATH	IN BALTIMORE, MA	RYLAND		4. USL A. STA	AL RESIDENCE (W	here deceased lived. If in	nstitution: residen	ce before admission)
}	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital oddress or location		on, give street	c. CIT		autside city limits, write	RURAL and give	-township)
0	1,7 01	Moravia R	ond.			altimore			1-01
1		imore, Mar		21206			of rural, give locotion) a Road, Balt	o. Md.	21206
5. 5		ACE	7. MARE	IED, NEVER MARRIED	8. DATI	OF BIRTH	9. AGE (In years		. If Under 24 Hrs. Hours Min.
		hite	marr	wed, DIVORCED (specified) OF BUSINESS OR INDU	1/	26/06	lost birthdoy) 61 yrs.		
	e during most of worki		KIIUB, KIINI	OL BOSINESS OK INDE	JSIKT II. BIK	IHPLACE (State of to	reign country)	12. CITIZEN C	OUNTRY?
	erox Opera	tor	Sta	te of Md.		lto., Md.		U.S.	.A.
13.	FATHER'S NAME				14. MC	THER'S MAIDEN N	AME		
U	nknown			,	Ве	tty Childs			
15. (Ye	Wos Deceased Ever s, no or unknown) (If y	in U. S. Armed Fores, give wor or dot	rces? es of servi	1 6. SOCIAL SECURITY NO.	17. fNF	DRMANT		ADD	PRESS
	no			214-01-7148	Lu	ella Child	s, wife, abo	ve (nee	Everett)
	18. 420	/1		CAU	SE OF DEAT	Н	11		VAL BETWEEN
		R CONDITION DI	RECTLY		ant.	Carman	Thomlone	- 111	30-67
		neon the mode of		e.g., DUE TO	)		. Coronay		
		enio, elc. Il means otion which caused		ose,	a. Trai	0. f.	C40	100	2 - 1967
	ANT	ECEDENT CAUSES	5	(B)		erecurous.	· co correy	( 7 6	1(6)
H	DISEASES OR	CONDITIONS, if	any, giv	9		eart de	seone		
	rise to the o	bove couse (A)	sloling	the (C)	*****************		**************************************		
		11							
NO	OTHER SIGNIFICA	NT CONDITIONS (	CONTRIBU	TING					
[AT	DISEASE OR CON	IDITION CAUSING	IT.		I 20 A		N 2000 10 11		
CERTIFICATION	19A. DATE OF OPE	WAS PER		OR WHICH OPERATION	20 A	AUTOPSY? (Tes or )	10 CERTIFYING CA	USES OF DEAT	H?
CAL CE	21 A. ACCIDENT WOR CONTRIBUTION OF CONTRIBUTIO	AS UNDERLYING COLOR CAUSE OF		218. PLACE OF INJURY (home, form, foctary, streetc.)	e.g., in or obou	21C. WHERE DID	(If in Boltimor	e City, give exo	ct location)
MEDI	21 D. TIME (Me	onth) (Doy) (Year)	(Hour)	21E. INJURY OCCURRED		21 F. HOW DID IN	JURY OCCUR?		· · · · · · · · · · · · · · · · · · ·
2	(APPROX)				While Work				
	22. I certify that	(1) (this hospito	l) attend	d the deceased fram	200	3	1962 10 70	En 30	19 6 7.
				on Oct 2		967 and	that in (my) ( <del>our)</del> api	nian death oc	curred on the date
				ه. (ا) <del>(۱۱۵) (did)</del> (did n					
	23A. SIGNATUR		20					23B, DATE SIG	ENED
	Cha	Mer 11		rer M.O.	Attending Phys.	Med.	Stoff Phys.	Doc	1,1967
	23C. PHYSICIAN'S		/		23D. AD		7.7 W. Norman		1
	NAME (Type)	Dr. Charle	s M.	Kerr	M.D. 6	801 Belair	Road		
244	BURIAL CREMAT			. NAME OF CEMETERY O	CREMATOR	Y 24D.	LOCATION (C	ity, town, or cou	nty) (Stote)
	Burial	12/4/6	57	Gardens of F	Paith Ce	metery	Balto., Md.		
l ——	DATE REC'D BY	HEALTH DEPT.	258. NAA	AE OF REGISTRAR	25C	FUNERAL DIRECTO	O R	A	DDRESS
	DEC	4 1967 (	P. F	- 9 Fallman	3	chimunek F	uneral Home		
VS	150-REV. 1/1/65		-			331 Probms	tanc #13		

This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and

1. NA	CASE NO. ME OF DECEASED	2. DATE AND HOUR OF DEATH
(Туре	or Print MR. GEORGE F. STRINE	11/30/61 2:
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence befo
51	LL NAME OF (If not in hospital or institution, give street	nd.
H	LL NAME OF (If not in hospital or institution, give street  SPITAL OR oddress or location)  STITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give toward
IN		BAITS. 28
	DON SOCOURS HOSPITAL	D. STREET ADDRESS (If rurol, give location)
1	34	120 S. Tremont RA
5. SE)	6. RACE 7 MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If L lost birthdoy) Months; Doys Hour
1	Male white MARRIES	5/16/11 56
	ISUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done	Salesmen Hadeware	Rolling MA
13. F	THER'S NAME	14. MOTHER'S MAIDEN NAME
	0	man P W
1	SCOREL STERE	MARY PONECKE
Yes,	as Deceased Ever in U. S. Armed Forces?  10 or unknown) (If yes, give wor or dotes of service)  11 6. SOCIAL  SECURITY NO.	17. INFORMANT Balto. Md. 21229
	No 213-10-5570	Mrs. Alice E. Strine 120 S. Tremont Rd
1	B. 260 XI CAUSE	OF DEATH INTERVAL B
	DISEASE OR CONDITION DIRECTLY	
	LEADING TO DEATH	arachnoid Hemorrhage Two Da
[   F	eorl foilure, osthenio, etc. Il meons the diseose,	
i	njury or complication which coused death.)	betes mellitus Two ye
	DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoling the (C)	
	JNDERLYING CONDITION losi.	
	11	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING IT.	
ERTIFIC	PA. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0 2	1A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21 C. WHERE DID (If in Boltimore City, give exact local office bldg., INJURY OCCUR?
CAL	EATH (notify medical examiner) etc.)	
0 2	1D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
2	While At Not Wi	
2	2. I certify that (I) (this hospital) attended the deceased fram	
	and (I) (we) last saw the deceased alive on 2.15 Nov 30	1967 and that in(my) (aur) apinian death accurred
11 -	nd haur and fram the causes stated above. (1) (We) (did) (did nat)	view the bady after death.    238, DATE SIGNED
2.	M.D. A	
	PI	ys. Director Phys. NOU 30
42.	Sc. PHYSICIAN'S NAME (Type) SOO WOONG, HONG, M.E	23D. ADDRESS BON SECOUPS HOSPITAL
	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of C	
1 .	REMOVAL (Specify)  Burdal  Dec. 2. 1967 Meadownidge Com	
l	DATE REC'D BY HEALTH DEPT.   258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	and a source of the control of the c	
25A.	Dec. 2, 1967 Meadowridge Cem DATE REC'D BY HEALTH DEPT.  1967 Meadowridge Cem 258. NAME OF REGISTRAR 1968 OF REGISTRAR 1969 OF REGISTRAR 1969 OF REGISTRAR 1969 OF REGISTRAR	

67 11540

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH TWO Days Two years DINGS CONSIDERED ty, give exact location) 1967 n death accurred an the date B, DATE SIGNED lown, or county) (Stote) ADDRESS rick Ave. Balto. Md.

Registered Na..

Note that the second of the se

FUNDE	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.	chief medical examiner.  Sody burns; (3) A fractur the physician who prorysician was in regular the remains are embal	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	Inn

VS 150-REV. 1/1/65

		OP	5 4 F A	BALTIMORE CITY	HEALTH DEPARTMENT		67 11541	
	TH NO.	6/	1194	CERTIFICA	TE OF DEATH	Registered No	. 07 11041	
	E CASE NO.	CEACED			DATE A	AND HOUR OF DEAT		
	pe or Print)	MINNI	EF.	DE HOFT	No	V. 29, 190	57 M.	
3.	PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WI	here deceased lived. If JNTY	institution: residence before admission)	
	FULL NAME C		or institution,	give street	Maryla	nd		
	HOSPITAL OR	oddress or location	1		C. CITY OR TOWN (If a		e RURAL ond give township	
,	20 -					If rurol, give location)	4000	
(	) 0 5	507 Wellesley S	st.		507 Wellesley	y St.		
5. 3	SEX	6. RACE		NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
F	emale	White	Widowe		Oct.15, 1888	79		
		UPATION (Give kind of work working lile, even il retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
	House Wi	_			Balto. Md.		U. S. A.	
13.	FATHERS NA	ME			14. MOTHER'S MAIDEN N	AME		
	Frede	rick Barth			Elizabeth	Kahler		
15. (Ye	Was Deceased	Ever in U. S. Armed For	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Bal	to. Md. 2122	8 ADDRESS	
	No			212-30-4441 A	Mrs. Daniel Fr	reedenburg	414 Greenlow Rd.	
	1B/ -	22/1		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEA	SE OR CONDITION DIR	ECTLY		DEDIL	2	7	
]	(This does	LEADING TO DEATH	dvina. e.a	(A)	ASCUI			
	heort loilure,	osthenio, etc. It meons	the diseose,					
		ANTECEDENT CAUSES	000111.7	(B)			**************************************	
	ANTECEDENT CAUSES  (B) DUE TO  DISEASES OR CONDITIONS, if ony, giving							
	rise to the above couse (A) stoling the (C)							
	UNDERLIIN	G CONDITION 1651.						
Z	OTHER SIGN	II IIFICANT CONDITIONS C	ONTRIBUTING	G	one			
ATIC	DISEASE OR	CONDITION CAUSING I	Т.					
ERTIFICATION	19A. DATE OF	F OPERATION 198. CON	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?	
CERT	21A ACCIDE	NT WAS UNDERLYING	1218	PLACE OF INITIDY (a.c. in	or obout 21C. WHERE DID	(If in Boltim	ore City, give exact location)	
AL O	OR CONTRIB	UTING CAUSE OF	ham	ne, form, loctory, street, of	fice bldg., INJURY OCCUR?	Will Down	ole Olly, give exoct locolion/	
U		(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID II	HILLEY OCCILES		
MEDI	OF INJURY	(William (Doy) (Teom		ile At Not While		NJORT OCCOR:		
			Wo			19 50 to	Nones A Gr	
	,	y that (I) (t <del>his hospita</del> l			notify !		7 19 7	
		) last saw the decease		0	/	The state of the s	plnian death accurred on the date	
	23A. SIGNATI		ed obeve. (	1) ( (did) (did) (did) v	lew the body after death	1.	23B, DATE SIGNED	
	230.31014	191110	Par	M.D. Atte	ending Med.	Stoff	11.00/7	
	23C. PHYSICIA	AN'S	700.	Phy	s. Director	Phys.	11-24-6/	
	NAME (	Type) T EA	21 /	A35 M.D.	400 1111	- Olinia	(1)	
24	A. BURIAL CR	EMATION, 24B. DATE	24C.N.	AME OF CEMETERY OF CRI	MATORY 124D	LOCATION	(City, town, or county) (State)	
24	REMOVAL	(Specify)					, with a sealings	
25	Burial	Dec. 1,		Mestern Cem.  DF REGISTRAR	25C. FUNERAL DIRECTO	alto. Md.	ADDRESS	
123	. DAIL REG L	DEC 4 1967	P.O. A	8 stallman			rederick Ave.	
			ATTENDED IN	- >	A. TTOMETT DO	MHOU JULE F.	TARREST TARP	

.

1	-4	5	7	31	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🥂	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	ior to death. Such	
	t if death occurred irect or contributir	(4) Undetermined	was in regular	the deceased pri	written approval miss he obtained hefore the remains are embalmed or final disposition is made.
TOWERSE DIRECTOR. INCOME.	or his assistan Also, if the di	re of any kind;	nounced death	attendance on	Imad or final d
VINE CION.	lical examiner.	ns; (3) A fractui	ician who pro	as in regular	nine are ambal
LOISENAL	ed by the chief med ospital by a medi	sture; (2) Body burn	of where the phys	(6) No physician w	nad hafore the ram
	te must be approve s released to the h	accident of any no	at a hospital (excep	ior to death); and	novel much be obtain
	This certifica the body wa	shows: (1) An	was D.O.A.	deceased pri	Written gnnr

BALTIMORE CITY HEALTH DEPARTMENT 67 11542 Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) NOVEMBER 28, 3:48 A .MM. HELM, JOHN SLOAN

3. PLACE OF DEATH IN BALTIMORE, MARYLAND 1967 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY MARYLAND 21228 (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION ST. AGNES HOSPITAL BALT IMORE D. STREET ADDRESS (If rural, give location) CATON & WILKENS AVES. MARYLAND 21229 2021 ROLLING WOOD RD BALTIMORE 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. 5. SEX MARRIED, NEVER MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED (specify) lost birthdov) MARR IED 06-13-20 47 TOAL USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)

SURFACE DIV

WESTINGHOUSE - MARY LAND 12. CITIZEN OF WHAT COUNTRY? MARYLAND S. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME FRANKLIN ESTELLA SLOAN 15. Was Deceased Ever in U. S. Armed Force's 17. INFORMANT ADDRESS 6. SOCIAL RECORDS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. CATON & WILKENS W-WAR 2 YES ST. AGNES HOSPITAL BALTIMORE. MD.21229 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. Il means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? ū 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21 D. TIME (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work 19 67 to NOVEMBER 28 22. I certify that X) (this hospital) attended the deceased from OCTOBER 27 that X (we) last saw the deceased alive an NOVEMBER 28 19. 67 ..... and that in (my) (aur) apinian death accurred on the date and have and from the causes stated above. (1) (We) (did) (878 Apr) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED ine V. del Polan Allending Phys. Stoff Director \_\_\_ Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) JAIME V. DEL PILAR M.D. CATON & WILKENS AVES., BALTO., MD. 212-24A. BURIAL CREMATION. 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

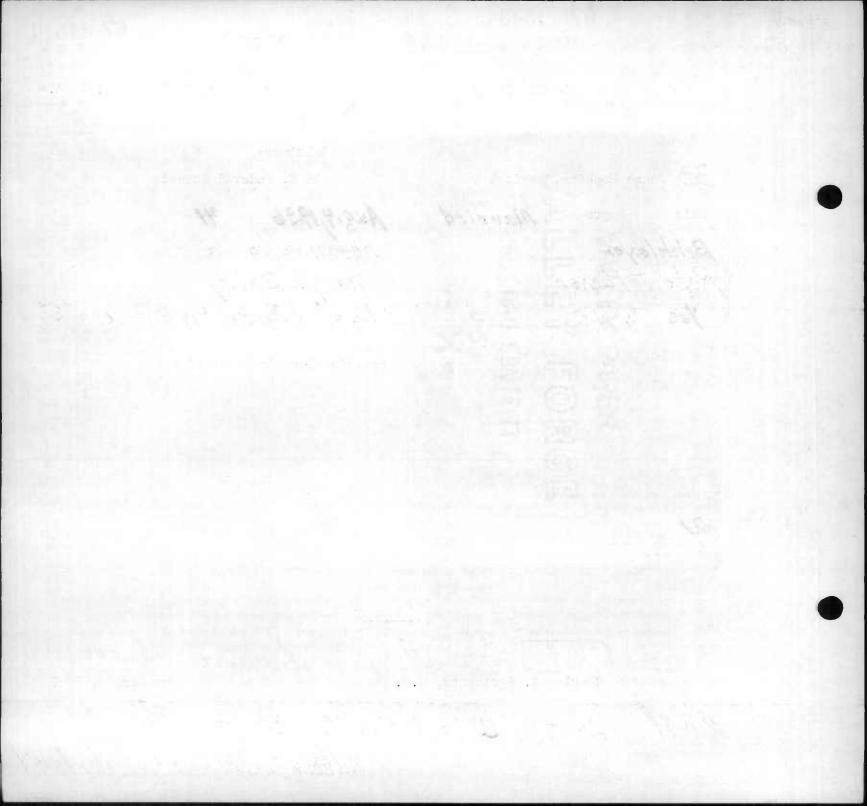
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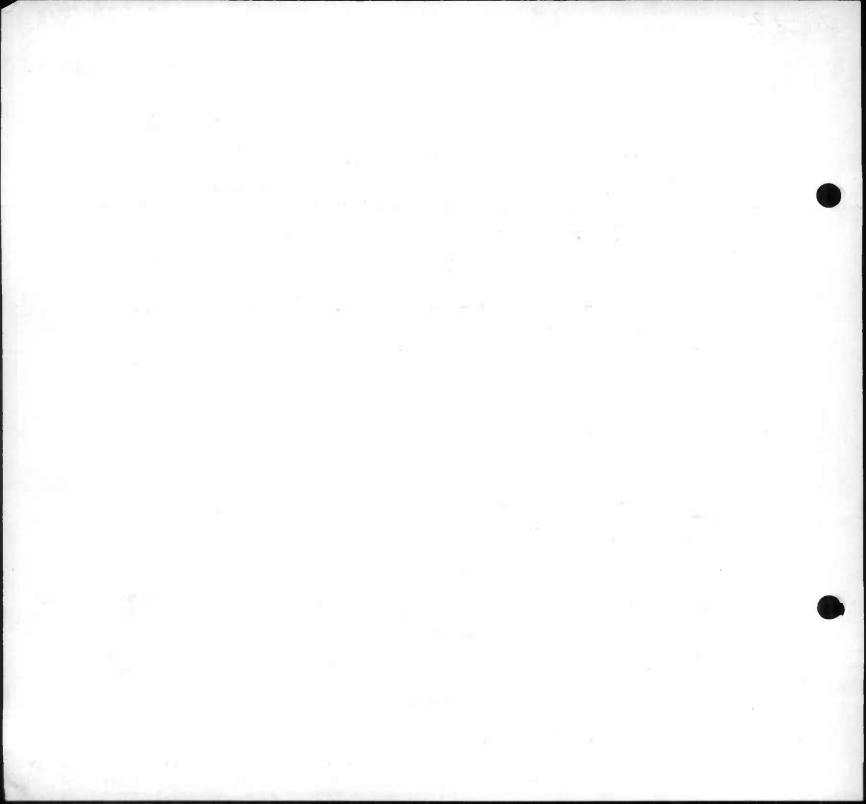
## 67 11543 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11543

M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD				
ALBERT PARKER	November 30, 1967 7:07 A. M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland				
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
INSTITUTION	Baltimore /2 00				
7.3	D. STREET ADDRESS (If rurol, give locotion)				
Johns Hopkins Hospital	419 E. Federal Street				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.				
Male Negro WIDOWED, DIVORCED (specify)	Mue 1109/ lost birthdoys Months, Doys, Hours, Min.				
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF				
done during most of working life, even if retired)	WHAT COUNTRY?				
13, FATHER'S NAME	14 MOTHER'S MAIDEN NAME				
DI + DI	14. MOTHER'S MAIDEN NAME				
Moder/ Tarker	11/cepy E Bor 1/04				
T5. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANY ADDRESS				
Vas WW12 216-20-1995	Frederic Pankon 410 F. Federic St.				
18. CALLSE	OF DEATH INTERVAL BETWEEN				
7 2 21 21	ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Automiccolomotic boomt discoss				
(This does not mean the mode of dying, e.g., DIF TO	Arteriosclerotic heart disease				
heart failure, asthenia, etc. It means the disease.					
ANTECEDENT CAUSES  (B)					
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO					
UNDERLYING CONDITION LAST.					
ō					
OTHER SIGN(FICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED				
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?				
	100				
UNDERLYING OR CONTRIB-	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg. INJURY OCCUR?				
UTING CAUSE OF DEATH.					
21D TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
(APPROX.) WHILE AT NOT	WHILE				
22.					
I certify that I held an Inquiry Inspection Au	topsy X ond that on this basis, death in my apinion				
resulted fram: Natural causes X Accident Suicid	e Hamicide Undetermined manner				
111111111111111111111111111111111111111	CHIEF MEDICAL EXAMINER				
ACTUAL ( Les )	ASSISTANT MEDICAL EXAMINER X				
	· —				
EXAMINER'S Charles S. Springate, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER November 30, 1967				
23A. BURIAL CREMPATION, 23B. DATE 23C. NAME OF CEMETERY	or CREMATORY [23D. LOCATION: (City, townspor county) (State)				
REMOVAL (Specify D. H. M. Y	1. 1A D. H. MIL				
munay 160,7,176/150/10, Nash	ena ( em. 152/16, //19.				
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS				
BEC 4 1967 A.D. & E. Farleuma	Williamed Freellal Sona 3100 habon dar It Ik				



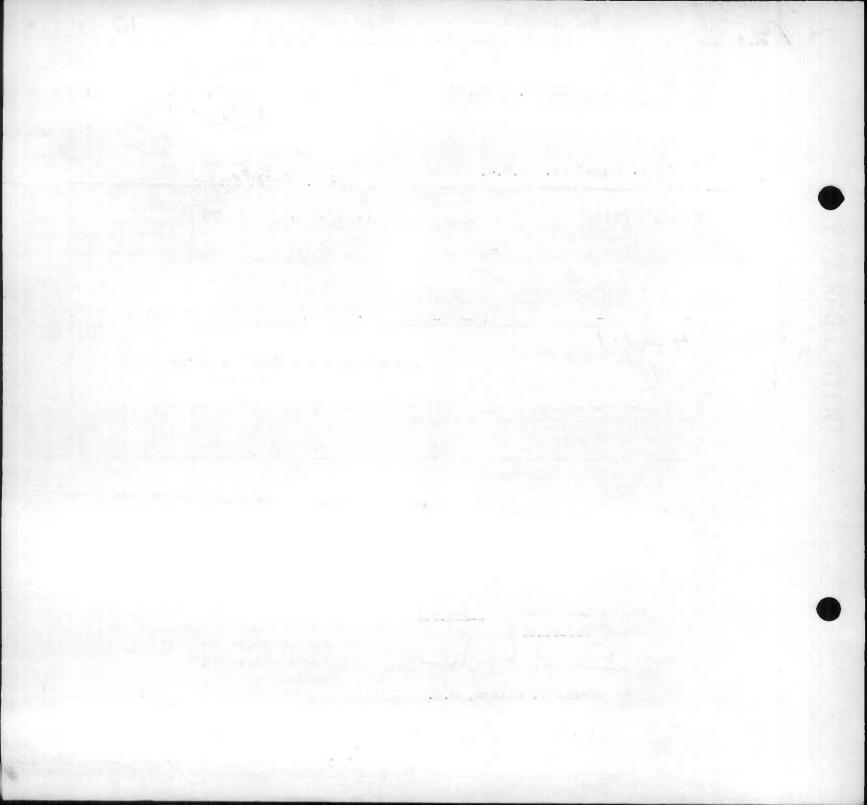
		C	7 445	BALTIMORE O	CITY HEALTH	DEPARTMENT		67 1154		
BIRTH M.E. C	NO. CASE NO.	0	1104	CERTIFIC	CATE O	DEATH	Registered No	. 01 1104		
1. NAA	ME OF DECE	ASED				2. DATE AND HOUR OF DEATH				
		JOSEPH		SZEWSKI	The there		ember 2, 1			
PLA	ACE OF DEA	TH IN BALTIMORE, M	AKILAND		A. STATE			institution; residence before odmi		
FUL	LL NAME OF	F (If not in hospite oddress or locat	l or institution, g	ive street		yland				
	TITUTION	oddiess of locol	0117				outside city limits, write	ROJAL and give township)		
			_			timore	(If rural, give location)	9		
) (		116 S. Bro	padway		116	S. Bro	adway			
SEX		6. RACE		NEVER MARRIED	B. DATE C		9. AGE (In years	If Under 1 Yr. , If Under 2		
Ma	ale	White	Mari	, DIVORCED (specify) ച്മറ്	1/10	/1899	lost birthdoy) 68	Months Doys Hours		
A, U	SUAL OCCU	PATION (Give kind of we	ork 10B. KIND OF		TRY 11. BIRTH	PLA CE (Stote or 1		12. CITIZEN OF WHAT COUNTRY?		
		vorking life, even if retired e (Ret.)		ng Congo		Dolond				
	THER'S NAM		Indiatal	ng Cargo	14. MOTH	Poland TER'S MAIDEN P	NAME	U.S.A.		
		Walenty 1	Maliszer	vski		Josephi	ine Gromadz	zki		
. Wa	s Deceased	Ever in U. S. Armed F	orces?	16. SOCIAL	17. INFOR			ADDRESS		
es, n	o or unknown)	(If yes, give wor or do	tes of service)	SECURITY NO.			36 7	. 44/ 0 5		
100	No		21		A Mrs.	Martha	Maliszewsk	i, 116 S.Broad		
1B	Holl	9.0					./ ~	ONSET AND DEAT		
		E OR CONDITION DEAT		4	DIERO	SCIERDE	C HEART L	Dr 540		
		of mean the mode		DUE TO	CIFICIO	- CATCION	- 1112491-1			
		asthenio, etc. Il meor plicotion which cause								
ANTECEDENT CAUSES  (B)  DUE TO										
D										
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C) UNDERLYING CONDITION lost,								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.										
7	DISEASE OR	CONDITION CAUSING	IT.							
19	A. DATE OF		INDITION FOR W	HICH OPERATION	20 A. A	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21	A. ACCIDEN	IT WAS UNDERLYING	121R	PLACE OF INJURY (e	ag, in or about	21C. WHERE DIE	(If in Boltime	ore City, give exact location)		
0	R CONTRIBU	TING CAUSE OF	home	e, form, foctory, stree	t, office bldg.,	INJURY OCCUR	?	one only, give exect tocomett		
)				INITION OCCUPES		215 HOW 515	INTERNATIONAL CONTRACTOR			
50	F INJURY	(Month) (Doy) (Yea		e At Not	While [	zir. NOW DID	INJURY OCCUR?			
{A	APPROX.)		Wor		Vork	1				
22	2. I certify	that (1) (this hospit	ol) ottended th		42	119	19 57 10	12/2 196		
th	not (1) (we)	lost sow the deceo	sed olive on	12/1	19	6/ ond	that in (my) (our) of	pinion deoth occurred on th		
01	nd hour and	fram the couses s	oted obove. (1)	) (湖西) (山田) (did no	ot) view the l	ody ofter deat	th.			
23	A. SIGNATU	RE)	1/ 0	)				23B. DATE SIGNED		
	$\alpha$	um D.	Kapta	M.D.	Attending Phys.	Med. Director	Stoff Phys.	12/4/17		
23	PHYSICIA	N'S	10	)	23 D. ADDI	ESS	n			
	MAME (1)	LRUIN	13.	KAPLAN	۸. D.	129	S. BROAL	DWAY		
4A. E	BURIAL CREA	MATION, 24B. DATE	24C. NA	ME of CEMETERY OF	CREMATORY	240	LOCATION (	City, Jawa XoX Child (S		
-	Buria		/67 St.	Stanisla	1115	E	Baltimore,	Maryland		
Α. [		BY HEALTH DEPT.	258. NAME O				TOP	ADDRESS		
	DE	EC 4 1967	P. P. B	E taber Mi	VI . F	SADOWS	KI & SONS,	1808 EASTERN		

VS 150-REV. 1/1/65



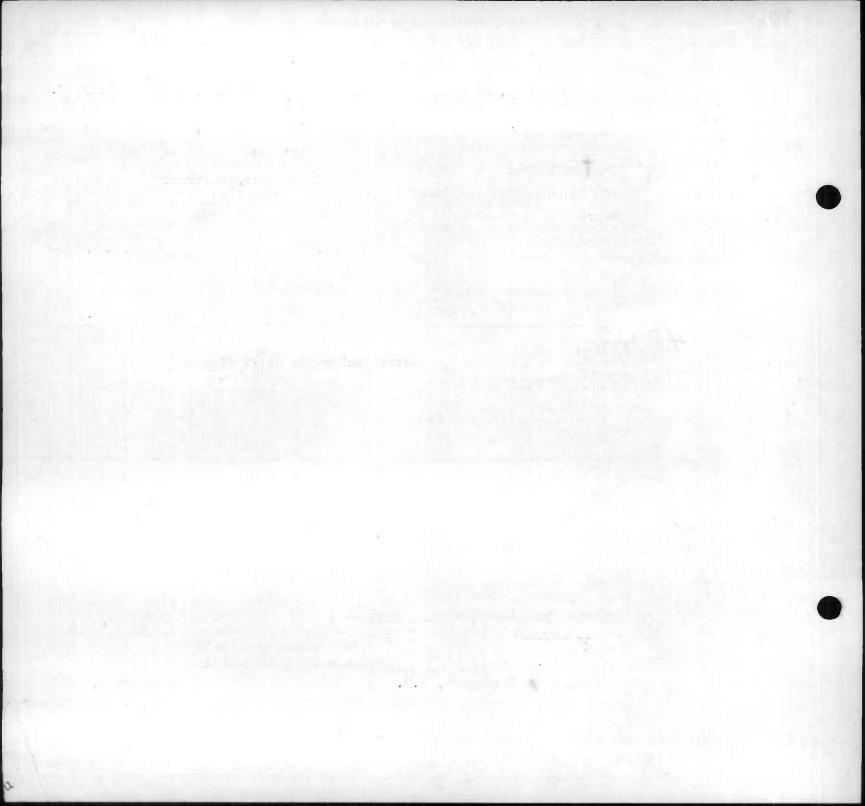
## 67 11545 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11545

	CASE NO.	TEASED			7	77./	2 DATE	AND HOUR	PRONOLING	ED DEAD		
(Тур	e or Print)					so K/	25			D DLAD		
3. P	LACE IN BALT	CAT	HERINE LAND, WH	S. KO	WALIK (Kata	4. USUA A. STAT	S.) De	cember	lived. If insti B. COU	tution: resid	ence belo	10 p.M. ore odmission)
FUL HO IN S	L NAME OF	(IF NOT I ADDRESS	N HOSPITAL OR LOCATI	OR INSTIT	UTION, GIVE STREET		OR TOWN (If o	Marylar	nd			
2	0 529	S. Chap	el St.	D.O.	Α.		Balt: T ADDRESS (IF 29 S. Cha					
5. S	EX	6. RACE			, NEVER MARRIED	8. DATE		9. AC	E (In years			Under 24 Hrs.
	** 1	771 4			DIVORCED(specify)	11/	1/1891		irthdoy) 76	Months	Doys   H	tours Min.
t0A	Female USUAL OCC	White		Wide	WEG F BUSINESS OR INDUSTR					12. CITIZE	N OF	-
don	m to	working life, ever	if retired)				Poland			-	COUN.	TRY?
13.1	HOUSET	VII E		-			ER'S MAIDEN N	IAME		I PO.	Land	
		Vince	ent Su	rowsk	ci.		Eva	a Soko	1			
		D EVER IN U.			16. SO CIAL SECURITY NO.	17. INFOR	MANT			ADDRESS		St
1163	-	-		or services	7-09-4733	Mr.I	gnatius	Danie	l Kowa	lik.	529	S.Chapel
	1B. / -	2 1				E OF DEA	-			,	INTERVA	AL BETWEEN AND DEATH
NO	DISEASES RISE TO TH	not meon the complication of the complication which which we complicate the complication of the complicati	CAUSES ONS, IF AN	Y, GIVING	(B) DUE TO		lerotic C	Diseas				
CERTIFICATION	TO THE	II NIFICANT CO DEATH BUT R CONDITION	NOT RELA	TED TO			00 00 00 00 0 v 00 0 0 0 m m 0 m 0 0 0 0					×0.000.000.000.000.000.000.0000.
CER	19A, DATE O	OPERATION	WAS PERFO		WHICH OPERATION	20A. A	20A, AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					ED
MEDICAL	UNDERLYING	CAUSE WA OR CONTRIB ISE OF DEATH		21 8, hom etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	, in or obou office bldg.	21C. WHERE D	ID (If in Bolti R?	more City, gi	ve exoct lo	cotion)	
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (D	oy) (Yeor)		WHILE AT NOT WORK	WHILE	21F. HOW DID	INJURY OCC	UR?			
	22. 1 cer	tify that I he	eld on Inc	quiry 🔲	Inspection X A	utopsy	and that o	n this bosis,	, deoth in n	ny opinio	n	
	ACTUA		atural caus	ses	- /	CH	Homicide   IIEF MEDICAL  ANT MEDICAL	EXAMINE		er 🗌	DATE	E SIGNED
	SIGNAT EXAMII NAME (	NER'S	luand F	LJ: 1 c			ATE MEDICA			Dogom	hor ?	3 1067
	BURIAL CRE	MATION, 23	B. DATE		ON M.D.	or CREMA	TORY 23	D. LOCATION	(MIN	Decem XXXX	county)	3, 1967 (Stote)
	Burial	. 1	2/6/6	-	Holy Rosary			Baltimo	ore,	Mary:	land	
24/	A. DATE REC'D	BY HEALTH		0 13	OF REGISTRAR		FUNERAL DIRECT - SADOW			A	DDRESS	ERN AVE



67 11546 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 11546

M.E	CASE NO.										
1. I	NAME OF DEC	CEASED					2. DATE AND	HOUR PRONOUNCE	D DEAD		
			GLADYS	W. F	<b>OSSETT</b>		Dece	mber 1, 196	7 1	7:15	A. M.
3. P	LACE IN BALT	IMORE, MARY	LAND, WHE			A. STATE	EN CE (Where	deceased lived. If instit B. COUI	ution: resid		
HO	L NAME OF	(IF NOT I	N HOSPITAL	OR INSTITU	TION, GIVE STREET	C. CITY OR TO	aryland	corporate limits, write	URAL	d give townsh	lip)
INS	TITUTION					R	altimore		0	- ()	The second
p	101	1 Press	man Ctm	no.t		D. STREET ADD					
	100	of fless	man Str	eet		18	331 Pres	sman Street			
5. S	EX	6. RACE			NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years		1 Yr. If Unde	
F	emale	Negr		widor	Ned	5-23-0	)9	lost birthday	Manths	Doys Haurs	Min.
10A	USUAL OCC	PATION (Give	kind of work 101		BUSINESS OR INDUSTRY				12. CITIZE	N OF	
done	e during most of v	working life, ever	n if retired)			N.J.				COUNTRY?	
13. FATHER'S NAME						N.J. U.S.A.					
						Em-	ilv War	rner			
15. 1	WAS DECEASE	D EVER IN U.	S. ARMED FO	DRCES?	16. SO CIAL	17. INFORMANT	LLY Was	ner	ADDRESS		
	, na or unknown				218205648	Sanah	Cooper	510 E.	21+h	S+	
	10						ooobei	. )10 11.			
	18.	0.01			CAUSE	OF DEATH				ONSET AND	
	DISEA	SE OR COND		TLY	Andros	uf a a a 1 a ma é	ed a book	et diasons			
	(This does	not meon the	mode of dy	ring, e.g.,	(A) Arte	riosciero	Lic near	rt disease			
	heart failure,	mplication which	tt meons the	e disease, th.)	551.10						
		OR CONDITION		GIVANG	(B)						
	RISE TO TH	E ABOVE CAL	USE (A) STAT	ING THE	DUE TO						
z	UNDERLIII	NG CONDITIO	ON LASI.		(C)	-0000000000000	_,	00000000000000000000000000000000000000			
ō		- 11	_								
CERTIFICATION	TO THE	DEATH BUT	NOT RELAT	ED TO TH							
RTI		R CONDITION			VHICH OPERATION	L20A ALITOPSY	2 (Yes or No)	20B. IF YES, WERE FIN	DINGS CO	ON SIDERED	0.000.000.000.000
CE	) /	OFERATION	WAS PERFOR		VIIICH OFERATION	Yes		IN CERTIFYING CAUS			
AL	21A. EXTERNA	L CAUSE WA	.S	21B, F	LACE OF INJURY (e.g.,				e exoct lo	cotion)	
MEDICAL	UNDERLYING DEAU			home,	form, foctory, street, o	ffice bldg., INJUR	OCCUR?				
ME	21D TIME	(Month) (D	oy) (Yeor)	(Hour) 21	E. INJURY OCCURRED	215 H	OW DID INJU	DV OCCIID?			
	OF INJURY (APPROX.)	(//(0)    ) (1)	oyi (Teoli			WHILE	011 010 11130	KI OCCOK:			
	22.	<del>,</del> :		m. W	ORK AT W	ORK					
		tify that I he	ld an Inqu	riry 🗌	Inspection Aut	apsy X and	d that an thi	s basis, death in m	y apinian		
	rasul	ted fram: No	atural cause	s X A	ccident Suicide	e Hamici	de 🗌 👢	Indetermined manne	r 🗌		
		0	7 1	7	7 5 /	CHIEF M	EDICAL EX	AMINER _			
	SIGNAT		into.	1. 0	you M.D.	ASSISTANT M	EDICAL EX	AMINERX		DATE SIG	NED
	EXAMIN NAME (	ER'S Ch	arles Ş	. Spri	ngate, M.D.	ASSOCIATE M			cember	r 1, 19	67
	BURIAL CRE		B. DATE	230	. NAME of CEMETERY o	CREMATORY	23D. Le	OCATION (City,	town, ar c	aunty) (	State)
I	Burial	1	2-4-6	7	Arbutus Nem	. Pk.	A	rbutus. Ma	ryla	nd	
244	DATE REC'D	BY HEALTH			Arbutus Hem	24C. FUNER	AL DIRECTOR	chutus, Ma	A	DDRESS	
		EC 4 1	967 R	Con B &	2. Farbuns	Kelsor	Fine	ral Home 1	31.8	Calho	in St.
	Pari		-4	4-4	,	1-CT DOI	0.1101		7-70	~~~~~	



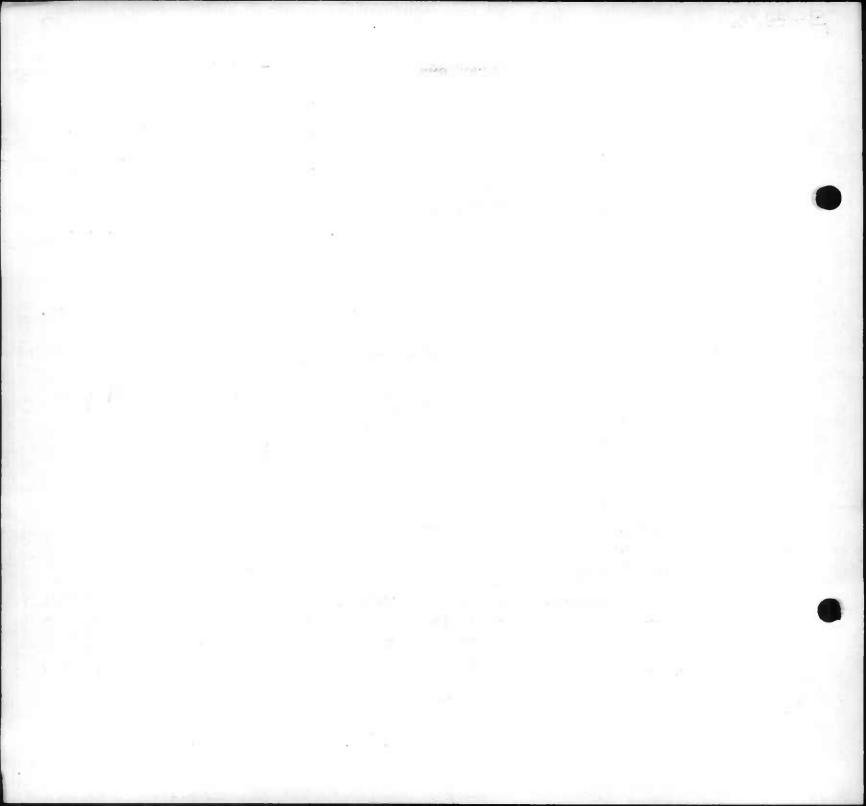
the body

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PI	th.	Pe	he 2	ased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	0
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fica	W	An (	A	pri	Ippr
certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	ody	vs. (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🥒	D.0.	dsec	ien approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 11030-67 Patsy Strayhorn 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or tocotion) C. CITY OR TOWN (If outside city limits, write RURAL INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) 743 W. Saratoga Street Saratoga Street 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys 6. RACE B. DATE OF BIRTH If Under 24 Hrs. Hours lost birthdoy) WIDOWED, DIVORCED (specify) 9-8-04 63 Widowed Female Negroid 16A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mobert Alexander Mary ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 4408 Bellevue Haletha Jones INTERVAL BETWEEN CAUSE OF DEATH 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED CERTIF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (notify medical examiner etc.) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost saw the deceased olive an 1 and that in (my) (aur) apinion death accurred on the date and have and from the couses stated above. (1) (We) (did not) view the body after death. 23A. SIGNATUR 23B. DATE SIGNED Attending \_\_\_ M.D. Med. Director Stoff Phys. Phy s. 23C. PHYSICIAN'S 23D. ADDRESS 24A, BURIAL CREMATION, 248. 24D. LOCATION (State) shows: (1 was D.O. deceased written a REMOVAL (Specify) Mem. Arbutus, Arbutus Maryland Burial 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 25A, DATE REC'D BY HEALTH DEPT.

Kelson Funeral Home 1348 Calhoun St.

VS 150-REV. 1/1/65



67 1	1540 BALTIMORE CITY	HEALTH DEPARTMENT		OPE A TOP A				
	.1548 CERTIFICA	TE OF DEATH	Registered No	-67 11548				
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	20				
the state of the s	COLLINS	1	2/2/67	6 30 A				
FULL NAME OF (If not in hospital or instit		A. STATE B. COUN	e deceosed lived. If instit TY	ution: residence before odmissio				
HOSPITAL OR oddress or locotion)	to spirm	C, CITY OR TOWN (IF out	side city limits, write RUR	(AL ond give township)				
38 University T	1030112	D. STREET ADDRESS (IF	Bookers	Drive				
N N WIS	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	4-6-95	lost birthdoy)	f Under 1 Yr. If Under 24 Hr. Nonths Doys Hours Min.				
	vis College (R)	Nel.	,	WHAT COUNTRY?				
3. FATHER'S NAME, HOW ALD C	ocins	14. MOTHERS MAIDEN NAM	2					
5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown! (If yes, give war or dates of set	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT Estelle Collins	2753 B	ookent Druse				
18. 420.11	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	in Acc	LTE MYDEANDIA	2 /NTAKEDIN	6 Gr.				
(This does not mean the mode of dying, heart failure, asthenia, etc. II means the dis	e.g., DUE TO							
injury or camplication which caused death,)		(CO)		10 440				
ANTECEDENT CAUSES	DUE TO		75 T T T T T T T T T T T T T T T T T T T	0				
DISEASES OR CONDITIONS, if any, is to the obave cause (A) stating								
rise to the obave cause (A) slating the (C) UNDERLYING CONDITION last.								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.								
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., in home, larm, foctory, street, of etc.)	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore C	ity, give exoct locotion)				
21D. TIME (Month) (Day) (Yeor) (Hour)		21F. HOW DID INJ	URY OCCUR?					
(APPROX.)	While At Not While Work At Work	e						
22. I certify that (4) (this haspital) atten	ded the deceased fram	12/2 1	1967 to	14/1 1965				
that (1) (we) lost saw the deceased alive	on 14/L			n deoth occurred an the da				
and hour ond from the couses stated abo	ve. (I) <del>(We)</del> (did) ( <del>did not</del> ) v	iew the body after deoth.						
23A. SIGNATURE Xalman I hus	23A. SIGNATURE  Altending Med. Staff   23B. DATE SIGNED  Attending Med. Director Phys.   12/1/65							
23C. PHYSICIAM'S NAME (Type)	J. Agus M.D.	23D. ADDRESS Univers	ing Hose	im				
Burial 12/6/67	MT. autum	Cem Ba	elts. me.	town, or county) (State)				
25A. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	Tocks & 13.	04 n. Central a				
/S 150-REV. 1/1/65								

20 to me Fritzeles Berthell The Alleger For Front the state of the s Jahran Sale hall and the

1400		6/ 11549 BALTIMORE CITY HEALTH DEPARTMENT	CH
452	BIRTH NO.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.	Ur

M.E. CASE NO.						
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD					
JESSE WILLIAMS	November 30, 1967 2:25 P. M.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY					
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
	Baltimore					
1830 N. Dallas Street	D. STREET ADDRESS (If rurol, give locotion)					
1030 N. Dallas Street	1830 N. Dallas Street					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male Negro MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH  9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
IDA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?					
done during most of working life, even if retired)  CLERK  HAT  Co.	BALTO. Md.					
RICHARD WILLIAMS	17. INFORMANT, Thornton Williams 1830 N. DALLAS S					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT					
(Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	Thornton Williams 1830 N. DALJ-AS 3					
18. 4000 t CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY						
LEADING TO DEATH  (This does not meen the mode of dying, e.g., DUE TO	osclerotic heart disease					
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)						
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING DÜE TO						
UNDERLYING CONDITION LAST.						
Z (C)						
A CALLED COMPLETANT COMPLETANCE CONTRIBUTING						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED						
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED					
	No					
VIA. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.    218. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.)	in or about 21C. WHERE DID (If in Boltimore City, give exact location)					
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
(APPROX.)  m. WORK  NOT WHILE  AT WORK  22.						
I certify that I held an Inquiry Inspection X Autopsy ond that an this basis, death in my opinion						
resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner						
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSI						
EXAMINER'S Charles S. Springate, M.D.						
NAME (Type)  23A, BURIAL CREMATION, 23B, DATE   23C, NAME of CEMETERY of CEMET						
REMOVAL (Specify) BURIAL 12/4/67 MT. CALVY						
24A. DATE RECIDIBY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS					
	Joseph G. Locks & 13047 Centralle					
VS 151-REV. 1/1/65						

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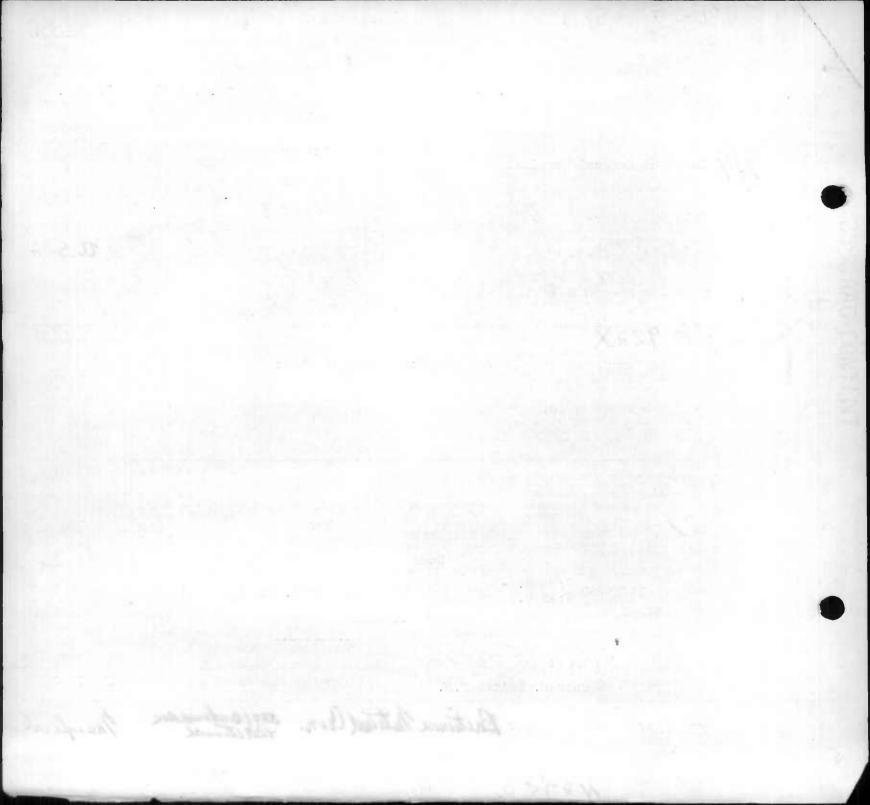
240. FUNERAL DIRECTOR

ADDRESS

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

24B. NAME OF REGISTRAR



FUNERAL DIRECTOR: IMPORTANT

R-262 - CT 455	BALTIMORE CITY	HEALTH DEPARTMENT		OH ASEES (
BIRTH NO. 67-24225 67 115 M.E. CASE NO.	51 CERTIFICA			67 11551 4
(Type or Print) Rogers, Baky B	Joy		129/67	13:30 P M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution	, give street	MARYLAND	NTY	nstitution: residence before odmission)
HOSPITAL OR oddiess of tocotion) INSTITUTION Tohns Hopkins Hospital		C. CITY OR TOWN (If outside city limits, write RURAL and give Township)  BALTIMORE		
33		2704 THE AL	AMEDA	
M NE WIDOW	D, NEVER MARRIED DIVORCED (specify) VER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min. 7
10A, USUAL OCCUPATION (Give kind of work 10B, KIND (done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
ELLIOTT ROGERS		SARAH WILKIN	S	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
18. 762.51	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4	m		21/2 hrs
(This does not meon the mode of dying, e.g.	g., DUE TO	9 poxice.		
heort foilure, osthenio, etc. It meons the diseos injury or complication which coused death.)	/_L	gpoxia. aline Membran	N	5 1/2 hr.
ANTECEDENT CAUSES	DUE TO	celline inamigra	Z JOHE	
DISEASES OR CONDITIONS, if ony, giving the rise to the obove couse (A) stoting the				
UNDERLYING CONDITION 10 st.	- / 2800 0000 2000			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		turity -		
	R WHICH OPERATION	20A. AUTOPSY? (Yes of N	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., ome, form, foctory, street, (tc.)	in or obout 21C. WHERE DID INJURY OCCUR?		re City, give exact tocotion)
OF INJURY (Month) (Doy) (Year) (Hour) 2	TE, INJURY OCCURRED  White At Not Wh	21F. HOW DID IN	JURY OCCUR?	
	Work L At Work		-	
22. I certify that (I) (this hospital) attended		11/29	19 67 ta	4/29 19 67
that (I) ((iii) lost saw the deceased alive or				inian deoth occurred on the dote
ond hour ond from the couses stoted obove.  23A, SIGNATURE	(I) (We) (did) (did not)	view the body ofter deoth	•	238, DATE SIGNED
a mile &	M.D. At	lending Med.	Stoff	11/20/17
23C. PHYSICIAN'S	Ph	23D. ADDRESS	Phys.	11/24/6/
NAME (Type) J. WILLIAM FL	YNT M.D		S HOPKINS	HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME of CEMETERY OF C	REMATORY 24D.	LOCATION	City, town, or county) (State)
00 THE TO SE	OHNS HOPKINS	HOSPITAL BAI	LTIMORE, MA	RYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTO	AT DISPOS	ADDRESS
	Farleyne	TIONTITI	TI DIOI OF	
VS 150-REV. 1/1/65				

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7-640 67 115	BALTIMORE CITY	HEALTH DEPARTMENT		67 11552
BIRTH NO. 40	CERTIFICA	TE OF DEATH	Registered Na.	da TTOOC
M.E. CASE NO.  1. NAME OF DECEASED			D HOUR OF DEATH	
(Type of Print) Parley Tarley	VIVIAN LOUISE	FARLEY 11-	30-67	1:15 Am.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceased lived. If in TY	stitution: residence before admission)
FULL NAME OF (If not in hospitot or instituti	on, give street	Maryland		Bulter
HOSPITAL OR oddress or location)			tside city limits, write l	RURAL and give township)
INSTITUTION		Balto. 2	21222	53 -00
Mart of G	1 1		rural, give location)	
Maryland General Hosp	oital	7861 St. (	lare La.	
	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years tast bighteday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF
done during most of working life, even if retired)		Vinginia		WHAT COUNTRY?
Housewife			14.5	
13. FATHER'S NAME		14. MOTHER MAIDEN NA		
Samuel B. Gunte	20	Verdie U	Jright	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL			Lane Balto. 212
Yes, no or unknown) (If yes, give wor or dates of servi	SECURITY NO.		L. Gunter	Md. 2
118.	CAUSE O		J. Guirter	INTERVAL BETWEEN
H001	CAUSE	* DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Do 14	ocardial infa	201	6 days
(This does not mean the made of dying,	e.g., DUE TO	icurated inta	relland	
heart failure, asthenia, etc. It means the dise	ase,	rivo aler on	i hens	detecto
injury or complication which caused death.)	(B) MYTC	my well as		30
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, giver ise to the above cause (A) stating	at .			
UNDERLYING CONDITION last,	The (C)	· · · · · · · · · · · · · · · · · · ·		
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING /	)		
O THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE Hypertens	1114		
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
19A-DATE OF OPERATION 198. CONDITION F		145	7.5	0313 01 0121111
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	If in Battimore	City, give exact location)
DEATH (natify medical examiner)	ele.	nice blags, into ki occok.		
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY	While At   Not Whi			
(APPROX.)	Work At Work			10
22. I certify that (I) (this haspital) attend	ed the deceased fram	11-20	19 67 to 11	- 50 196/
that (I) (we) last saw the deceased olive	on 11-30	19 ( ) ond th	at in(my) (our) opi	nion death occurred an the date
ond haur and fram the causes stated abov		,	<i>/</i>	
23A. SIGNATURE	1.7 (	ine eddy diler dedills		23 B. DATE SIGNED
19/1	M.D. Att	ending Med.	Stoff -	11-30-67
and Draw	Phy	s. Director	Phys.	11-20-61
23C. PHYSTCYANG NAME (Type)	D :	23D. ADDRESS	0 /	1) 1
WILLIAM L.	130 DD 15 M.O.	Maryland	Ceneral	1408/21 Tu
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION (C	ity, town, or county) (State)
Burial 12/4/67	Maury Cemeter	77. D4	chmond W4	ncinie
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	chmond Vi	ADDRESS
BEC 4 1967 P.D. F- 2	talley A.S	HENRY SANDE		INC.
VS 150-REV. 1/1/65	,	BALTIMORE N		1213

. o 1 12 El Maryland beneat Hospital 7861 St-Clare LA [2-12-13 53 Virginia. 200 Verdie Wright Samuel B. Gunter intercential infunction Hypertensin 67 -4 10 ( ) 0E - 11 × Mary and General Herry

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. r if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased Such on the M.E. CASE NO. 2. DATE AND (Type or Print) death. 3. PLACE OF DEATH IN BALTIMORE 4. USUAL RESIDENCE (Where deceased attendance COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location 0 prior regular is mad MARRIED, NEVER MARRIED 5. SEX 6. RACE deceased WIDOWED, DIXORCED (specify) 10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY final disposition = done during most of working life, even if retired) HOU MOS the 13. FATHER'S NAME assistant death O T 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL SECURITY NO. attendance A fracture of any pronounced 10 18. DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, regular heart failure, asthenio, etc. It means the disease, examiner. FUNERAL DIRECTOR: injury or complication which coused death.) Who ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, to the obove cause (A) stoting the the physician UNDERLYING CONDITION lost. remains the chief medical medical (2) Body burns; physician was ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 0 CERTIFI WAS PERFORMED Yes by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (except where the body was released to the hospital shows: (1) An accident of any nature; (3 bef MEDICAL Ŷ DEATH (notify medical examiner) etc.) by obtained 21 D. TIME 9 (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved OF INJURY Not While While At (APPROX.) Work At Work ; and 22. I certify that (I) (this haspital) attended the deceased from. pe that (1) (we) last saw the deceased olive on... .19. hospital death) must ond hour and fram the causes stated above. (I) (We) (did) (did nat) view the body after death. 23A. SIGNATURE Attending M.D. Med. Stoff 0 approval Phys. Director Phys. 0 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS prior at was D.O.A. 24A. BURIAL CREMATION, 24C. NAME of CEMETERY deceased REMOVAL (Specify) written BURTAT 12/4/67 Loudon Park Cemetery 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

Registered Na. HOUR OF DEATH 9. AGE (In years lost birthdoy) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours i Min. 12. CITIZEN OF WHAT COUNTRY? ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes IIf in Boltimore City, give exact location) and that in(my) (our) opinion death accurred on the date 238, DATE SIGNED

Baltimore Maryland ADDRESS

SANDER & SONS

WILFORD CO. 4170 Buckeye Road 2011DOWN MAY := MoHnuk NEw York HOUSEWIFE ORVILLE HELVIER ELIZABETH PERER 471 6 BUCKERSE 076-01-8191 RICHARD C. KEWIS MILLIOND MD NO

67 11554	BALTIMORE CITY H	EALTH DEPARTMENT	6	7 11554
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered Na.	11003
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	n Frank	2. DATE, A	NO HOUR OF DEATH	7 7
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		LUSUAL RESIDENCE (WA		stitution: residence before admission)
FULL NAME OF (If not in hospital or institution, oddress or location) INSTITUTION	give sheet	0.	01/7	RURAY and give townsylp)
CHURCH HOME AND HOSPITAL	1		Murol, give location)	William 1/ach 14
PALTINGRE MARYLAND 21	231	P167 9	lan Gan	rie Rd (34
M WID WEI	DIVORCED (specify)	9-30-88	9. AGE (In years lost birthdox)	If Under 1 Yi. If Under 24 His. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND Of done during most of working life, eyen if retired)	RL INDUSTRY	Succession for	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14	. MOTHER'S MAIDEN NA	CHE DINCE	
15, Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	- INFORMANT	CIRCLE OF	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	70		
18. / 5 5/ 1 0 1	CAUSE OF	DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		00		ONSET AND DEATH
LEADING TO DEATH	(A)	Masalin	ego how	
(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease,		R	4	
injury or complication which caused deoth.)	Mythread	Basa When	guery lovi a	4
ANTECEDENT CAUSES	DUE TO	. 4.4		
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the	(C)	wratie o	irobor	h •
UNDERLYING CONDITION Iosi.	2000 00 00 00 00 00			
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	2.0			
O OTHER SIGNIFICANT CONDITIONS CONTRIBOTION				
DISEASE OF CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	lo) 20B. IF YES, WERE	FINDINGS CONSIDERED
blow 17 67 WAS PERFORMED	lloeding	11.20	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF home etc.	PLACE OF INJURY (e.g., in ne, form, foctory, street, office)	or about 21 C. WHARE DID e bldg., INJURY OCCUR?	(It in Boltimore	City, give exect location)
	. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.) Wh	ile At Not While			
22. I certify that (I) (this hospital) attended t		11-16-6	/19 to 11	- 29- 1967
that (1) (we) last saw the deceased alive an				
and haur and fram the causes stated abave.				man death decomed an integral
23A. SIGNATURE	(ala nar) Vie	w the bady after death	•	23B, DATE SIGNED
I dive	M.D. Attend	ling Med.	Stoff Phy s.	11-29-67
23C. PHYSICIAN'S NAME (Type)	23	D. ADDRESS	70 4 1	No. of The
LAZLO KIRA	L'9 M.D.			6. Jan 1980 Style
REMOVAL (Specify) 248. DATE 24C. N	ANGE OF CEMETERY OF CREM	ATORY 24D.	LOCATION	ty, town, (Stote)
homotion 12/2/67 1	amount (a)	n- Crem. 1	lotte West	Al homewort
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	100x L	ADOLESS
NEC 4 1901 (16 Pract )	C. Tonkey A.A.	11/5hel	1730 Ges	uero cur,
VS 150-REV. 1/1/65				

A 12 11 21 225 83

			CERTIFICATE OF		
M.E. CASE NO.			In page an	ID HOUR PRONOUNCE	D DEAD
Type or Print)	ECEASED				
	VICTOR RAGI		Dec	ember 2, 196	7 tution: residence before admission
B. PLACE IN BAL	LTIMORE, MARYLAND, V	VHERE PRONOUNCED DEAD	A. STATE	deceased lived. It insti	NTY
FULL NAME OF	(IE NOT IN HOSPI	TAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If autsid		
HOSPITAL OR	ADDRESS OR LOC	ATION)	C. CITY OR TOWN (If autsic	de corporole limits, write	RURAL ond give lawnship)
143111011014			Baltimore		10-46
1310	W. Lanvale S	+	D. STREET ADDRESS (If rurol	, give location)	
1310	w. Lanvare 5		1310 W. Lan	vale St.	
S. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr, If Under 24 H
		WIDOWED, DIVORCED (specify)		last birthday)	Months Doys Hours Mir
Male	Colored	Married	4/21/1910	56	
OA. USUAL OCC	CUPATION (Give kind of wo t working life, even it retired)	THE TOR KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	ws Point		Halifax Co.	Va.	U.S.A.
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAW	E	
	Alexander	Pagland	Laura Ragla	nd	
5. WAS DECEAS	SED EVER IN U.S. ARME	D FORCES? 16. SO CIAL	17. INFORMANT	11/4	ADDRESS
Yes, no ai unknow	(If yes, give war or do	les of service) SECURITY NO.	23-3 2-3-	7 000 17	Observation Ob
			Gladys Raglan	a ZZZ N.	Stricker St.
1B. / ~	1) 1.	CAU	SE OF DEATH		INTERVAL BETWEEN
4	1 -1				ONSET AND DEAT
DISE	ASE OR CONDITION D	DIRECTLY			
,	LEADING TO DEAT	H Art	eriosclerotic Car	diovascular	
,	LEADING TO DEAT	H Art	eriosclerotic Car	diovascular. Disease	
,		H Art	eriosclerotic Car	diovascular. Disease	
,	LEADING TO DEAT	H (A) Art DUE TO DUE TO	eriosclerotic Car	diovascular. Disease	
(This does heart failur injury or c	LEADING TO DEAT and meen the mode of re, asthenio, etc. If meor complication which coused ANTECEDENT CAUS S OR CONDITIONS, IF	H (A) Art of dying, e.g., s the disease, l deoth.)  ES (B) ANY, GIVING DUE TO	eriosclerotic Car	diovascular Disease	
(This does heart failur injury ar c	LEADING TO DEAT and mean the mode of re, asthenio, etc. It mean complication which coused	H of dying, e.g., s the disease, l deoth.)  ES ANY, GIVING STATING THE	eriosclerotic Car	diovascular. Disease	
(This does heart failur injury or c  DISEASES RISE TO T UNDERLY	LEADING TO DEAT and mean the mode of the property of the consection ANTECEDENT CAUSE SOR CONDITIONS, IF THE ABOVE CAUSE (A)	H of dying, e.g., s the disease, l deoth.)  ES ANY, GIVING STATING THE	eriosclerotic Car	diovascular Disease	
(This does heart failur injury or c  DISEASES RISE TO T UNDERLY	LEADING TO DEAT  and mean the mode of er, asthenio, etc. If meor complication which coused  ANTECEDENT CAUS  S OR CONDITIONS, IF THE ABOVE CAUSE (A) TING CONDITION LAST	H of dying, e.g., is the disease, deoth.)  ES  ANY, GIVING STATING THE  (A) Art DUE TO  (B) DUE TO	eriosclerotic Car	diovascular Disease	
OTHER SI	LEADING TO DEAT a not meen the mode of complication which coused  ANTECEDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A) VING CONDITION LAST	H  of dying, e.g., so the disease, I deoth.)  ES  ANY, GIVING STATING THE  or CONTRIBUTING	eriosclerotic Car	diovascular Disease	
OTHER SI	LEADING TO DEAT  and mean the mode of er, asthenio, etc. If meor complication which coused  ANTECEDENT CAUS  S OR CONDITIONS, IF THE ABOVE CAUSE (A) TING CONDITION LAST	H  of dying, e.g., is the disease, I deoth.)  ES  ANY, GIVING STATING THE  CONTRIBUTING ELATED TO THE	eriosclerotic Car	diovascular Disease	
OTHER SIT OF THE DISEASE IT OF	LEADING TO DEAT  and mean the mode of en, asthenio, etc. If meor complication which coused  ANTECEDENT CAUS  SOR CONDITIONS, IF THE ABOVE CAUSE (A) TING CONDITION LAST  II  GNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 19.B. CO	H of dying, e.g., is the disease, deoth.)  ES  ANY, GIVING STATING THE  (C)	eriosclerotic Car	DISEASE	NDINGS CONSIDERED
(This does heart failur injury or continuity	LEADING TO DEAT  and mean the mode of en, asthenio, etc. If meor complication which coused  ANTECEDENT CAUS  SOR CONDITIONS, IF THE ABOVE CAUSE (A) TING CONDITION LAST  II  GNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 19.B. CO	H of dying, e.g., is the disease, I deoth.)  ES ANY, GIVING STATING THE  CC)	20A. AUTOPSY? (Yes or No	Disease	NDINGS CONSIDERED
(This does heart failur injury or continuity	LEADING TO DEAT  and mean the mode of the constant of the cons	H of dying, e.g., is the disease, I deoth.)  ES  ANY, GIVING STATING THE  CC)	20A. AUTOPSY? (Yes or No. NO. No. in or obout 21C, WHERE DID	DISEASE	NDINGS CONSIDERED SES OF DEATH?
(This does heart failur injury or continuity	LEADING TO DEAT  and meen the mode of complication which coused  ANTECEDENT CAUS  OR CONDITIONS, IF THE ABOVE CAUSE (A) THIS CONDITION LAST  II GNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN DE OPERATION DEATH BUT NOT R OR CONDITION CAUSIN DE OPERATION DE	H of dying, e.g., is the disease, I deoth.)  ES  ANY, GIVING STATING THE  CC)	20A. AUTOPSY? (Yes or No.	DISEASE	NDINGS CONSIDERED SES OF DEATH?
OTHER SIT OF THE DISEASE OF THE DISE	LEADING TO DEAT  s not mean the mode of ten, asthenio, etc. If mean complication which coused  ANTECEDENT CAUS  S OR CONDITIONS, IF THE ABOVE CAUSE (A) PING CONDITION LAST  II GNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN DEATH BUT NOT R OR CONDITION CAUSIN DEATH BUT NOT R OR CONDITION CAUSIN DEATH BUT NOT R OR CONTRIB- AUSE OF DEATH.	H of dying, e.g., is the disease, I deoth.)  ES ANY, GIVING STATING THE  CC)	20A. AUTOPSY? (Yes or No	DISEASE  20B. IF YES, WERE FININ CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
(This does heart failur injury or continuity	LEADING TO DEAT  and meen the mode of complication which coused  ANTECEDENT CAUS  OR CONDITIONS, IF THE ABOVE CAUSE (A) THIS CONDITION LAST  II GNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN DE OPERATION DEATH BUT NOT R OR CONDITION CAUSIN DE OPERATION DE	H  of dying, e.g., is the disease, I deoth.)  ES  ANY, GIVING STATING THE  CONTRIBUTING ELATED TO THE IG IT.  NOTION FOR WHICH OPERATION REFORMED  21B. PLACE OF INJURY (e.g. home, form, foctory, sheet, etc.)  OI) (Hour) 21E. INJURY OCCURRE	20A. AUTOPSY? (Yes or No	DISEASE  20B. IF YES, WERE FININ CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?

Edward F. Wilson, M.D.
23B. DATE 23C. NAME of CEMETERY or CREMATORY

1967 Robert E. Farleyna

CHIEF MEDICAL EXAMINER

23D. LOCATION

Morton & Dyett Fum. H. 1701 Laurens

ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER

12/6/67 Mt. Aubunn Cemetery Baltimore, Md.

DEPT. 24B, NAME OF REGISTRAR 24C, FUNERAL DIRECTOR ADDRESS

DATE SIGNED

December 3, 1967
(City, town, or county) (Stote)

ACTUAL

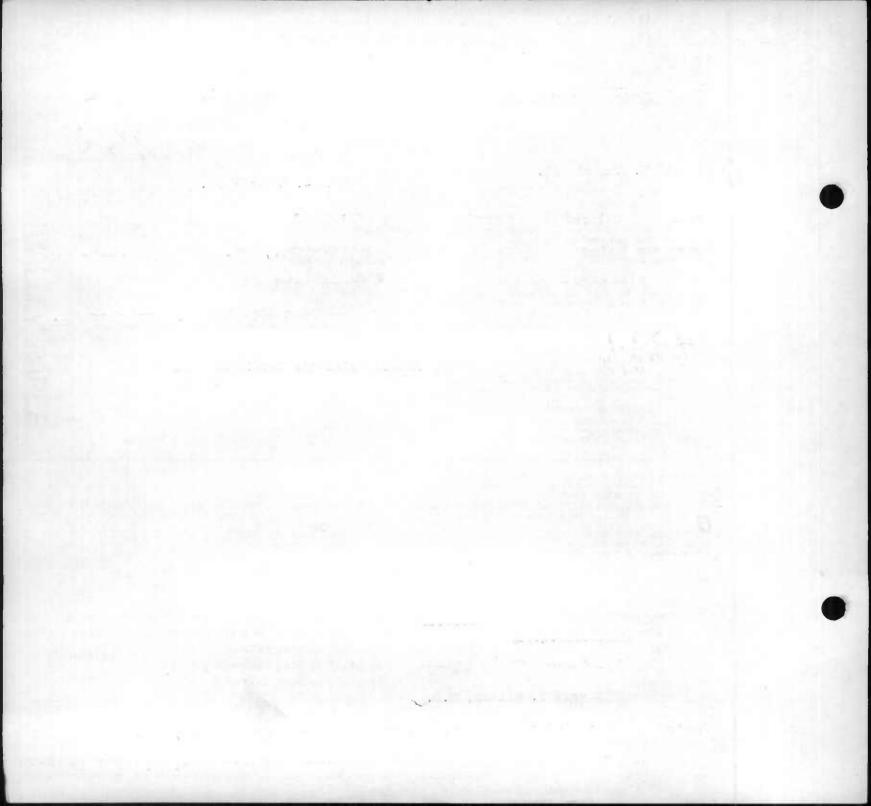
23B. DATE

EXAMINER'S NAME (Type)

23A. BURIAL CREMATION,

REMOVAL (Specify)

Burial



G.	400	BIRTH NO.  67 11556  CERTIFICATE OF DEATH  Registered No. 67 11556
	deat deat ease on th Suc	M.E. CASE NO.  T. NAME OF DECEASED ANDREW GALLOWAY  2. DATE AND HOUR OF DEATH  11/29/67 7.35pm  M.
29	spital of de () Decea	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  A. STATE  B. COUNTY
3	a hos cause se; (5) mdan to de	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR Oddress or location) (NSTITUTION  (NSTITUTION  (If outside city (imits, write RURAL and give township)
2	d in caus	JOSINAL HOSPITAL  D. STREET ADDRESS (If rurol, give location)
	tribut mined gular sed p	5. SEX Male 6. RACE COL, MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 12/25/96 9. AGE (In years Months Days Hours Min.
	cont cont etern reg	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
f.	deat t or Under as ir	Refired 13. FATHERS NAME 14. MOTHERS MAIDEN NAME
Z Z	direct l; (4) U th was on the dispos	Andrew Galloway Sr. Helen Galloway  15. Was Deceased Ever in U. S. Armed Forces? / 176. SOCIAL 17. INFORMANT ADDRESS
EXA	sista the kind dea nce final	(Yes, no ar unknown) (If yes, give war or doles of service) a SECURITY NO.  Hrs EThel Galloway 701 Rosedale St
PO	o, if fany nced enda d or	DISEASE OR CONDITION DIRECTLY A STATE OF DEATH Fracture Hy ONSET AND DEATH
akic .	r or l	(This does not meon the mode of dying, escheral failure, asthenio, etc. It meons the diseose
TOR	mine niner fract fract gola emb	ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  Pyogenic Arthritis
223	exan (3) A n wh in re	DISEASES OR CONDITIONS, if ony, giving ise to the obave cause (A) stoting the CCC C Septicaemia due to
701	medical ledical burns; ( hysicia n was	Block
ERA	med med dy bu phy cian he re	TO THE DEATH BUT NOT RELATED TO THE STORM TO
SIN	tal by a s; (2) Boo here the Vo physi	WAS PERFORMED  WAS PERFORMED  ARTHATIS  21A. ACCIDENT WAS UNDERLYING  21B. PLACE OPENIURY (e.g., in or obout 21 C. WHERE DID  (If in Ballimore City, give exact location)
8	C > -	DEATH (notily medical examiner) the property of the bidg, INJUNI OCCUR.
	hosp natur cept v d (6)	(APPROX.) JUNE J, 1967 While AT Work AT WORK AT WORK
	approtection the	22. I certify that (I) (this hospital) attended the deceased fram 1/10/67 19 to 1/29/67 19 that (I) (we) last sow the deceased olive on 1/29/67 19 and that in (my) opinion death accurred on the date
	0 T 0 D = -	ond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE
	al of al	M.D. Attending Med. Stoff Phys. W /1/29/67
	was An An Prio	NAME (Type) R.BALASUBRHMANIAN M.D. SINDI HOSPITAL
	This certificat the body was shows: (1) An was D.O.A. at deceased pric	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) (State)  BURIAL (Specify) 12-4-67 Arbutus Mem. Pt. Arbutus.
	This cert the body shows: ( was D.O decease	DEC 4 1967 Robert E. January Vorton E. Dyck F.H. 1701 Layrens St
		VS 150-REV. 1/1/65



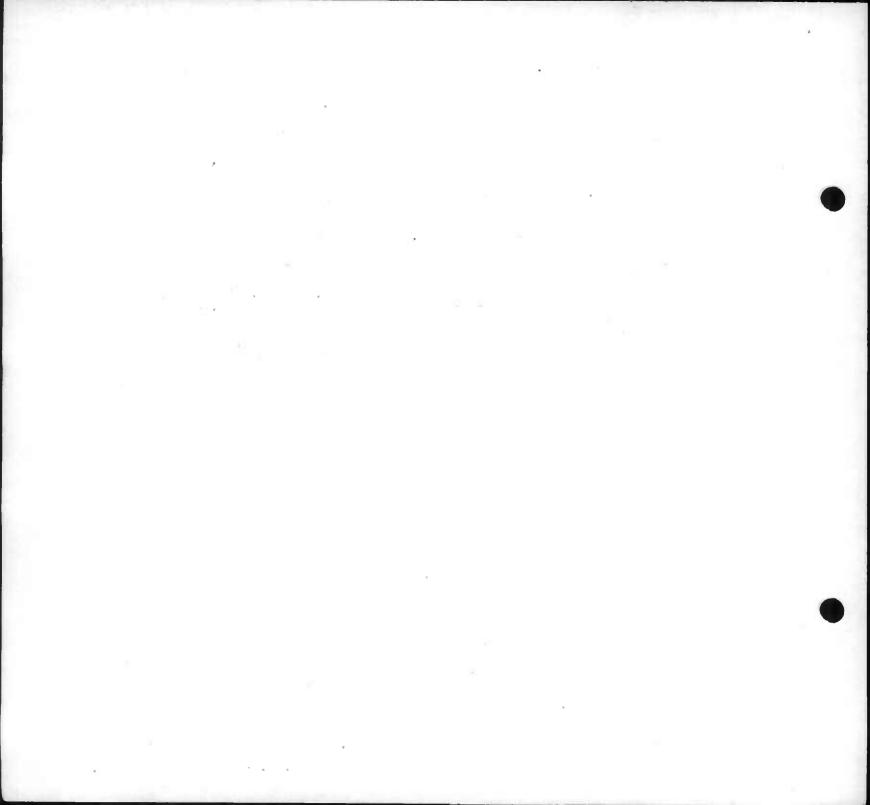
N.4	152	RIRT	н но. 67 11557	72-7-1	TE OF DEATH	Registered No	67 11557
	and ased the the	M.E	CASE NO.	CERTIFICA		AND HOUR OF DEATH	
	- B 0 E		713	-Cil		1:00 BW	121167 M
	hospita use of (5) Dec lance o death.	3. F	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. CO	пиπ	tution: residence before odmission)
	hospi Jse o (5) D lance deat	F	ULL NAME OF (If not in hospital or institution, giv	e street	C. CITY OR TOWN (IF	outside city limits, write RU	RAL and give township)
	ng cause cause; (5) attendan	Ro	NSTITUTION		BALTIMO	RE	
	i a a a i i	,	SINAI KOSPITAL		D. STREET ADDRESS	(If rurol, give location)	+
	tribut mined gular sed p	5. \$	EX 6. RACE 7 MARRIED, N		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
•	contribut contribut etermined n regular eceased p		111 10 5	DIVORCED (specify)	14 18 024	last birthdoyi3	
			USUAL OCCUPATION (Give kind of work 108, KIND OF B during most of working life, even if retired)	SUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	iti d	13.	FARMENT WORKER		14. MOTHER'S MAIDEN	NAME .	001
-	direct; (4) Unit was		IINK.		UNIC.		
Z	_ ~ = 0	15. (Yes	Nos Deceased Ever in U. S. Armed Forces? , no or unknown)  (if yes, give wor or doles of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS
ZT.	the the kind dea			317-05-7136	BEFTRUDE F	ord 242	6 HARKM AVE.
IMPORTAN	s as if any ced nda		1B. 581,01	CAUSE OF	DEATH		ONSET AND DEATH
X	Also, e of noun atter		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) USP	ER G.I. HE	MORPHAGE	Vakou
	DO - B		(This does not meon the made of dying, e.g., heart foilure, asthenia, etc. 11 means the disease,	DUE TO	1675 X	1 /	\$
OR	examiner. 3) A fractur. n who pron		injury or complication which coused death.)  ANTECEDENT CAUSES	(B) Pas	nic vicer vs	Sophegral	valices:
7	wh A P		DISEASES OR CONDITIONS, if any, giving	DUE	r/wsistre	000 1001100	?
DIRECTOR:	ale (3) an ns a		rise to the above cause (A) stoting the UNDERLYING CONDITION lost.	(6)	1 4003(1)	The factor	
	lic ici	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		. \ _ (	1-0	
FUNERAL	medi medi bur phys an w	ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Com sed	true heart	Secline	
Z		CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WI	HICH OPERATION	20 A. AUTOPSY? (Yes or	No 208. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
F	tal by b; (2) B here the No phy before		OR CONTRIBUTING CALLSE OF	LACE OF INJURY (e.g., in	ar obout 21C. WHERE DID	(If in Boltimore	City, give exoct locotion)
	~ · · · · · · · · · · · · · · · · · · ·		DEATH (notify medical examiner) etc.)				
	proved by the hospital ny nature; (except whe and (6) No obtained be	MEDI	OF INJURY While	NJURY OCCURRED  At Not While		INJURY OCCUR?	
	ta de		(APPROX.) Work  22. I certify that (I) (this bospital) ottended the		11 23		2 1 1962
			that (1) (we) last saw the deceased alive on	201			on death occurred on the dot
	9702=		and hour and from the couses stated above. (1)	( did not) v	iew the bady ofter deat		
	S P P E		23A SIGNATURE	M.D. Atte	ending Med.	Stoff -	23B. DATE SIGNED
	rele acci a h		23 C. PHYSICIAN'S	Phy	Director 23D. ADDRESS	Phy s.	12/16)
	was r An a An at c prior		NAME (Type)  PLAN F. WOLL	M.D.	( O SIRW	11 HOSPITAL	
	P. C. O. B. E.	24/	BURIAL CREMATION, 24B. DATE 24C.NAM	ME of CEMETERY OF CRE	MATORY 24D	City	, town, or county) (Stote)
	This certify the body shows: (1) was D.O. deceased written a	25		1 . Hub	25C. FUNERAL DIRECT	DA Ito.	ADDRESS
	This the k show was dece	23,	DEC 4 1967 Robert 8	REGISTRAR TO A CONTROL PORT	MORTON .		701 LAMEENS
		VS	150-REV. 1/1/65			J	

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			BALTIMORE	CITY	HEALTH	DEPARTMENT
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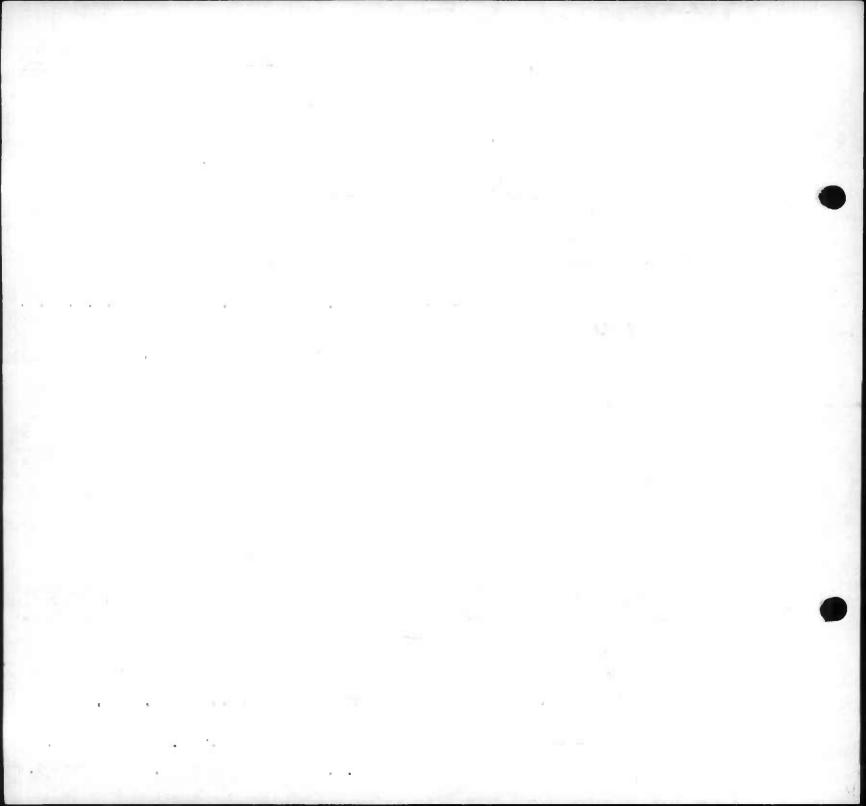
67 11558

MRTH NO.		11558 CERTIFICA				
I, NAME OF DECE Type or Print)				ND HOUR OF DEA		
	John M.	Dukehart	14. USUAL RESIDENCE (Who	ember 30,	1967	as bofore admiss
. PLACE OF DEA	IH IN BALTIMORE, MART	LAND	A, STATE B. COUL		in stitution; residen	ice before domes
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HOSPITAL OR	oddress or location)		C. CITY OR TOWN (If or	stside city limits, wr	ite RURAL ond give	township)
16 Juth	eran Hospital	DOA	Baltimore D. STREET ADDRESS (IF	rural, give location)		
1/300			800 Brinkwo			
- SEX	6. RACE 17.	. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Ye	. If Under 24
M	Cauc.	Married (specify)	10/19/79	lost birthdoy) 88	If Under 1 Ye	Hours Min
	PATION (Give kind of work ) ( orking life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN C	DF OUNTRY?
-		d - Dukehart Co.	Pennsylva	ania	USA	
FATHER'S NAM		~ ************************************	14. MOTHER'S MAIDEN NA			
Late - A	dam Dukehart		Late-Ann	na Warthen		
. Wos Deceased	Ever in U. S. Armed Force	16. SOCIAL	17. INFORMANT			DRESS
es, no or unknown)	(If yes, give wor or dates	of service) SECURITY NO.	Mrs. Rose I	L. Dukehar	ct	
110 7		219-32-3161	800 Brinkwo	ood Kd	(5)***	NAI DETWEEN
18. 42	0.1		/		ONSI	ET AND DEATH
	OR CONDITION DIRECTED IN THE CONDITION DIRECTED IN THE CONDITION DEATH	CILY .	non and the	rombes	in 1/2	Low
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	asthenia, etc. It meons It olication which coused d		00 1/2			
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Α	NTECEDENT CAUSES	(B) (1)	J. C. O. J.	والمعادلة المعادلة ا	- )	
		DUE TO	J. C. O. J.			
DISEASES O	R CONDITIONS, if or abave cause (A) s		3 ( 0. ).			
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DISEASES O	R CONDITIONS, if or obave cause (A) s CONDITION last.	INTRIBUTING ED TO THE				
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DISEASES OF THE SIGNIFT TO THE DEDISEASE OR TO	R CONDITIONS, if or abave cause (A) s CONDITION last.  II  FICANT CONDITIONS CONDITIONS CONDITION CAUSING IT.  OPERATION 198 CONDITIONS TO CONDITION CAUSING IT.  IT WAS UNDERLYING CONDITIONS CONDITIONS CONDITIONS (Mass Performance)  (Month) (Day) (Year)  That (I) (this haspital)  lost saw the deceosed from the couses stote  RE  John C. Po  AATION, 248. DATE  12/4/66	ONTRIBUTING ED TO THE  STION FOR WHICH OPERATION  PARMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  While At Not White At Work  attended the deceased from  alive on At Work  attended the deceased from  ad obave. (i) (We) (did) (did not)  M.D. At Ph  Dund  A.D. At Ph	20A. AUTOPSY? (Yes or Normal Control of Normal C	208. IF YES, WE IN CERTIFYING  (If in Balti  JURY OCCUR?  1976 ta	ere FINDINGS CON CAUSES OF DEAT mare City, give exc  23B, DATE SIG  23B, DATE SIG  (City, town, or cou	ict location)  19 6 7  ccurred on the



1	H-322 CM 11500 BALTIMOR	E CITY HEALTH DEPARTMENT
6	IRTH NO. D. LLOOG CERTIF	ICATE OF DEATH Registered No. 67 115
1.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(T	Culbard R. Hutcheson	12-1-67
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before
	FILL MAAR OF Ment in broken as institution	Maryland
	FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give withs
	4102 Roland Ave.	Baltimore
1	4102 Rotalid Ave.	D. STREET ADDRESS (If rurol, give location)
1		4102 Roland Ave.
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe-	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If
	M Married	4-1-1891 76 Months Doys
	OA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INI	OUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
a	Executive Metal Produc	
1;	3. FATHER'S NAME	14. MOTHERS MAIDEN NAME
	William Hutcheson	Emma Royston
15	5 Was Decembed From in II. S. Armed Former? 11.6 COCIAL	17 INFORMANT ADDRESS
Y	5. Wos Deceased Ever in U. S. Armed Forces?  16. SOCIAL  SECURITY NO	280 Mag Donothy M Machany N V
_	No 212-34-0	289 Mrs. Dorothy M. McGreevy N.Y.C
	18. 4. 5 O , O	USE OF DEATH INTERVAL B
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Mercoschoris
	(This does not mean the mode of dying, e.g., DUE	in Africa Clearen
	heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	
	ANTECEDENT CAUSES (B)	***************************************
	DISEASES OR CONDITIONS, if any, giving	10
	rise to the obove couse (A) stating the (C)	
	UNDERLYING CONDITION lost.	
2	Z OTHER SIGNISIONAL CONDITIONS CONTRIBUTING	
CE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
A 7	DISEASE OR CONDITION CAUSING IT.  198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?
DTIE	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
(	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR	(le.g., in or about 21 C. WHERE DID (If in Boltimare City, give exact local reet, office bldg., INJURY OCCUR?
	DEATH (notify medical examiner)	need ones suggetting at According
	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
4.4.2		of White
	Work A	1 Work 70 30 1067 1) =1
	22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alize an 17-30	
	and hour and from the gauses stand abave. (1) (He) (did) (did	
	23A. SIGN AT USE	23B. DATE SIGNED
	V Affeigned	Attending Med. Stoff Phys.   / > - >
	23C. PHYSICIAN'S NAME (Type)	23D, ADDRESS
	NAME (Type) William G. Helfrich	M.D. 5006 Roland Ave., Balto., Md.
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	of CREMATORY 24D. LOCATION (City, town, or county)
Ι.	Burial 12-5-67 Jessops	Balto. Co.
2	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRES
	DEC 4 1967 R. See & E. Farley M. a	H.W.Jenkins & Sons Co.4905 Yor
7	\$ 150-REV. 1/1/65	

its, write RURAL and give stownsh cotion) yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 12, CITIZEN OF WHAT COUNTRY? USA ADDRESS McGreevy N.Y.C., N.Y. INTERVAL BETWEEN
ONSET AND DEATH ES, WERE FINDINGS CONSIDERED n Boltimore City, give exact location) our) apinian death accurred an the date 23B. DATE SIGNED Balto., Md. (City, town, or county) · Co. Md. ons Co.4905 York Rd.



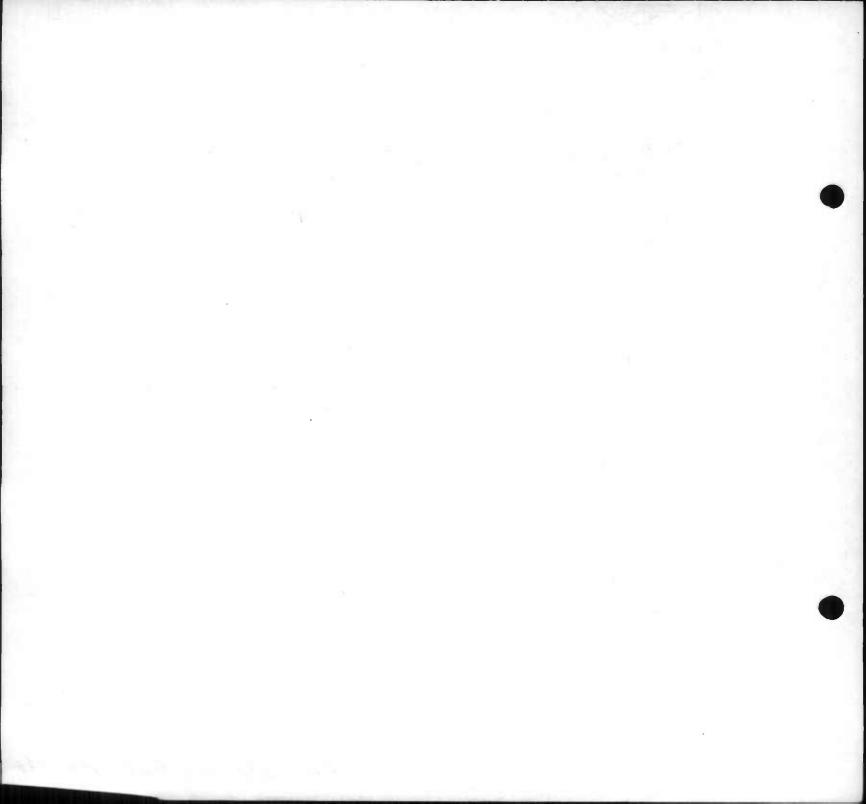
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1		HEALTH DEPARTMENT 67 11560	
2002	BIRTH NO.  M.E. CASE NO.	TE OF DEATH Registered No.	
f death eceased on the h. Such	1. NAME OF DECEASED EDWARD W. JONES	2. DATE AND HOUR OF DEATH	-
0 0 5	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admissi	M.
a e Do	3. PLACE OF DEATH IN BALIMORE, MARILAND	A. STATE  B. COUNTY  B. COUNTY	ion)
(5) D lance deat	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CHY OR TOWN (If outside city limits, write RURAL and give township)	
ng cause; cause; attend ior to	INSTITUTION	BACTO. 62-00	
d cau	#2 SINAI HOSPITAL	D. STREET ADDRESS (If rurol, give location)	
200 0	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE/OF BIRTH 9. AGE (In veors   If Under 1 Yr.   If Under 24 h	(-)
or contribudetermin in regula deceased	WIDOWED, DIVORCED (specify)	6/8/07 lost birthdox Months Doys Haurs Min	
n r	done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	
Und as in	BOOKKEEPER BANKING	BALTO, MO. USA	
\$ + × + × × × × × × × × × × × × × × × ×	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
kind; kind; death ce on nal di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS	
the kind deat	No 217-14-5439	M. MARGUERITE JONES	
de la	18. 7 9 2 441 CAUSE OF	DEATH INTERVAL BETWEEN ONSET AND DEATH	
of of or contract	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ENAL FALLIOF LINE	
A O O E	(This does not mean the mode of dying, e.g., DUE TO	MIN / MILVEL / OK	
P P P P	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	V DSVD	
	ANTECEDENT CAUSES  (B)  DUE TO	· ACKA	
exd n w in r	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the (C) UNDERLYING CONDITION lost.	ARDIAC FAILURE	1000-1000
lical rns; sicia was main			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
7000	DISEASE OR CONDITION CAUSING II.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
Bo th th	11/10/6/ PEKIPM VAS DIS	XEX	
000	21 A. ACCIDENT WAS UNDERLYING   21 B. PLACE OF INJURY (e.g., in OR CONTRIBUTING   CAUSE OF Amme, form, foctory, street, officery of DEATH (notify medical examiner)	or about 21 C. WHERE DID (If in Boltimore City, give exact location) injury occur?	
Z	O	21F. HOW DID INJURY OCCUR?	
hospit nature cept wid (6) N ained	OF INJURY (APPROX.)  (Month) (Doy) (Yeor) (Hour) (Hour)  21 E. INJURY OCCURRED  While At   Not Whife Work At Work		
ot x x L to	22. I certify that (this haspital) attended the deceased from	10/29/6719 10 12/1/6719	
0	that (47 (we) lost saw the deceased alive an	19 0 and that in any (aur) opinion death accurred an the	
sed to pital eath)	and hour and from the couses stated abaye. (We) (did) (did of)	iew the bady after death.	
D P P P	23A. SIGNATURE  Attended Attended M.D. Attention Physics  Attended	nding Med. Director Phys.	
acci acci t a h or to oval		3D. ADDRESS	
was r A at a prior pprov	EDWARD R. COHEN M.D.	Junai Por	
>=0 0 0	REMOVAL (Specify)	MATORY 24D. LOCATION (City, town, or county) (State	e)
ws: ws: D.G ease	Burial   11-4-67   Loudon Park	Baltimore Md.	
the body shows: (1) was D.O. deceased written a	DEC 4 1967 (P. D. & E. Jankerman	H.W.Jenkins & Sons Co.4905 York R	10.
	The state of the s	III M . O GITTETITO OF DOILD OO . 4 / O / TOTE TO	0

VS 150-REV, 1/1/65

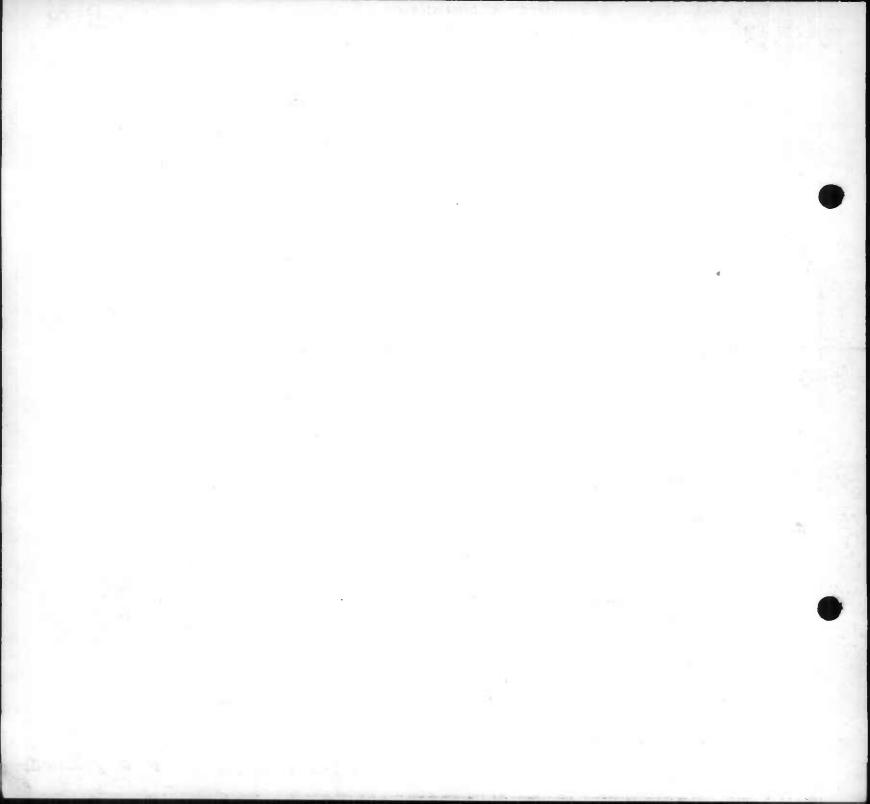
and of agreements

BALTIMORE CITY HEALTH DEPARTMENT  BIRTH NO.  M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  CONGE COMEN WALLOW   1-30-67  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  A. STATE  A. USUAL RESIDENCE (Where deceased lived. If institution: residence bef. A. STATE  A. STATE  A. WALLOW TO THE STATE OF THE S	- Cal
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  GODRGE  GUMEN  WALGHY  1-30-67  4. USUAL RESIDENCE (Where deceased lived. If institution: residence bef.  A. STATE  B. COUNTY	
Type or Print)  GORGE ELMEN WALGHT 11-30-67  S. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before the state of	
A. STATE 8. COUNTY	301
A AN SI GALO	ore odmissio
FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or locotion) INSTITUTION  C. CITY OR TOWN (If outside city limits, write RURAL ond give 1977)	hip)
BACTIMORE	0
FRANKLIN SQUARE HOSPITAL YTS STRICKER ST.	
MARRIED, NEVER MARRIED  7. MARRIED, NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In years lost birthday)  Months: Days Hou	Under 24 H
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BERTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTY  WHAT COUNTY  WHAT COUNTY	A.
3. FATHERS NAME  14. MOTHERS MAIDEN NAME  MAKY BARRISON	
5. Was Deceosed Ever in U. S. Armed Forces?  (es, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL  SECURITY NO.  PRANCIS  REVENS  ADDRESS  ADDRESS	TAZ
18. CAUSE OF DEATH INTERVAL I	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  LEADING TO DEATH  LEADING TO DEATH	
(This does not mean the made of dying, e.g.,	
hearf failure, asfhenia, etc. II means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES  (B)  DUE TO	
DISEASES OR CONDITIONS, if any, giving	_
rise fo the obove couse (A) stating the (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact local contents of the contents of	ED
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID one, form, foctory, street, office bfdg., INJURY OCCUR?	hion)
OF INJURY  (APPROX.)  While At Work  At Work	
(APPROX.)  While At Not Whife At Work  22. I certify that (I) (this hospital) attended the deceased from NOV 30  19 67 to NOV 30	19 6
(APPROX.)  While At Work  At Work	d on the d
(APPROX.)  While At Work  22. I certify that (I) (this hospital) attended the deceased from NOV 30  that (I) (we) last saw the deceased alive on NOV 30  19 67 and that in(my) (aur) opinion death occurred and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.	d on the d
While Al Work  22. I certify that (I) (this hospital) attended the deceased from NOV. 30  that (I) (we) last saw the deceased alive on NOV. 30  19 67 and that in(my) (aur) opinion death occurred and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE	d on the d
While At Work  22. I certify that (I) (this hospital) attended the deceased from Nov 30  that (I) (we) last saw the deceased alive on 19 T and that in(my) (aur) opinion death occurred and hour and from the couses stated above. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S  23D. ADDRESS	19 6 d on the d
While Al Work  22. I certify that (I) (this hospital) attended the deceased from NOV 30  that (I) (we) last saw the deceased alive on 19 GT and that in(my) (aur) apinion death occurred and hour and from the couses stated above. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  RUBEN V. LUNA M.D. FLANKLIN SQUAME HOS	-67 EDITI
While Al Work  22. I certify that (I) (this hospital) attended the deceased from Not While at Work  that (I) (we) last saw the deceased alive on 19 T and that in (my) (aur) opinion death occurred and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  Phys.  23D. ADDRESS  NAME (Type)  Phys.  23D. ADDRESS  NAME (Type)  Phys.  24D. LOCATION (City, lown, or county)  REMOVAL (Specify)  City, lown, or county)	d on the d
While Al Work  22. I certify that (I) (this hospital) attended the deceased from Not While Al Work  that (I) (we) last saw the deceased alive on 19 GT and that in (my) (aur) opinion death occurred and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.  23A, SIGNATURE  23B, DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  Attending Med. Director Phys.  23D. ADDRESS  NAME (Type)  Attending Med. Director Phys.  24D. LOCATION (City, lown, or county)	-67 (Store



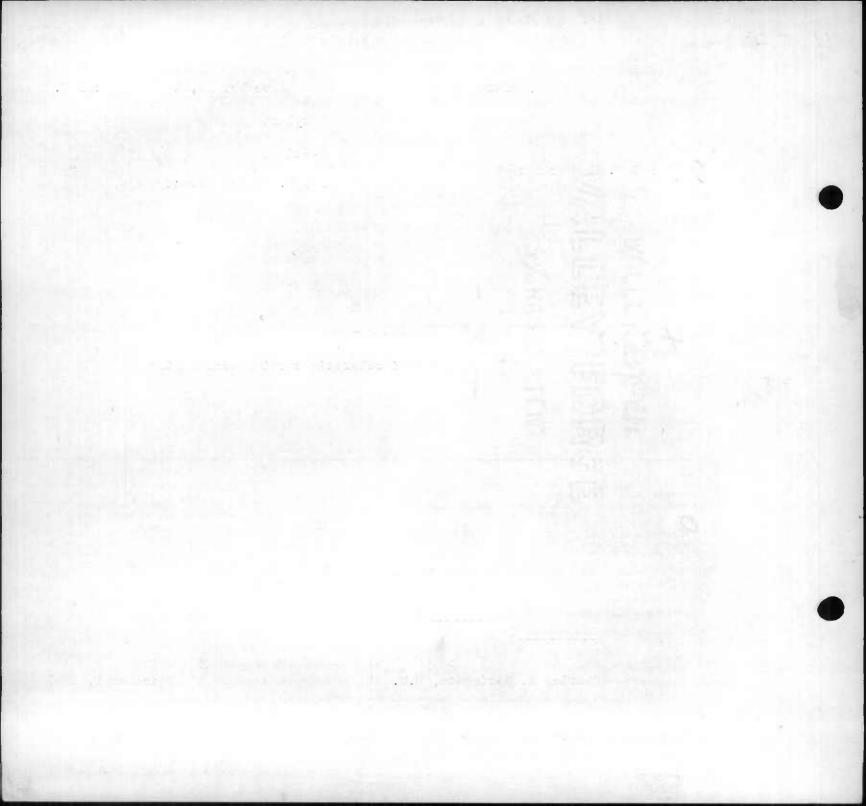
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the IMPORTANT FUNERAL DIRECTOR:

	-200	077 44	509	ATE OF DEATH	Registered No	67 11562
RTH N		67 11	CERTIFIC	AIL OI DEATH	itog. s. s. s.	
NAME	ASE NO. E OF DECEASED		4	2. DATE AN	D HOUR OF DEATH	
ype or	Print) I	MENE M	1055		1-30-67	5:10 P.
PLAC	E OF DEATH IN B	ALTIMORE, MARYLAN	ID	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admiss
FULL	NAME OF (III	not in hospital or inst	itution, give street	Many	land.	
HOSP		Idress or location)		C. CITY OR YOWN III of		RURAL ond give township)
1	L2			Baltim	ore #2	12300
7	TYPI	1 .	. 111	D. STREET ADDRESS (If	rurol, give location)	0 /
Sou	uth Balt	-imore C	SENETAL HOS		CONWO	24 St.
SEX	6. RACE	7. M	ARRIED, NEVER MARRIED		9. AGE (In years lost birthdoy)	Months Doys Hours Mir
/	. 1/6	gro	Widow.	2-/6-0/	60.	12, CITIZEN OF
	ring most of working life		TIND OF BOSTNESS OR INDUST	RY 11. BIRTHPLACE (State or forei	gn country)	WHAT COUNTRY?
				Me	arylaNd.	
. FATH	HERS NAME			14. MOTHER'S MAIDEN NAM	WE O .	
	Wil	LEA	ch	Liz	ZiE	
. Wos	Deceased Ever in	U. S. Armed Forces? give wor or dotes of s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		g., • o. o	JEGORIII IIO,			
18.		1	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR C	ONDITION DIRECTL	Υ	2	0	ONSET AND DEATH
	LEADIN	G TO DEATH	/	11	1 (	alexen
1		O TO DEATH	(A)	errical Cor	a	
		the mode of dying	g, e.g., DUE TO	errical Cov		
hea	arl failure, asthenio		g, e.g., DUE TO	ornical Cor	d Cruy	Ait.
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DIS rise UN OTHER PROPERTY OF A PARTY OF A P	ANTECEI SEASES OR CONE B IA THE OBAVE STATE OF CONDITION CONTRIBUTING ANTECEI	In the mode of dying, etc. II means the convention of the conventi	giving ng the (C)	20A. AUTOPSY? (Yes or No Open in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJ  While	OCATION (C	FINDINGS CONSIDERED USES OF DEATH?  The City, give exact location)  11 - 3 0 19 6  nion death occurred on the  23 B. DATE SIGNED  12 - 1 - 6 7  ity, town, or county)  (Stote The County of the County
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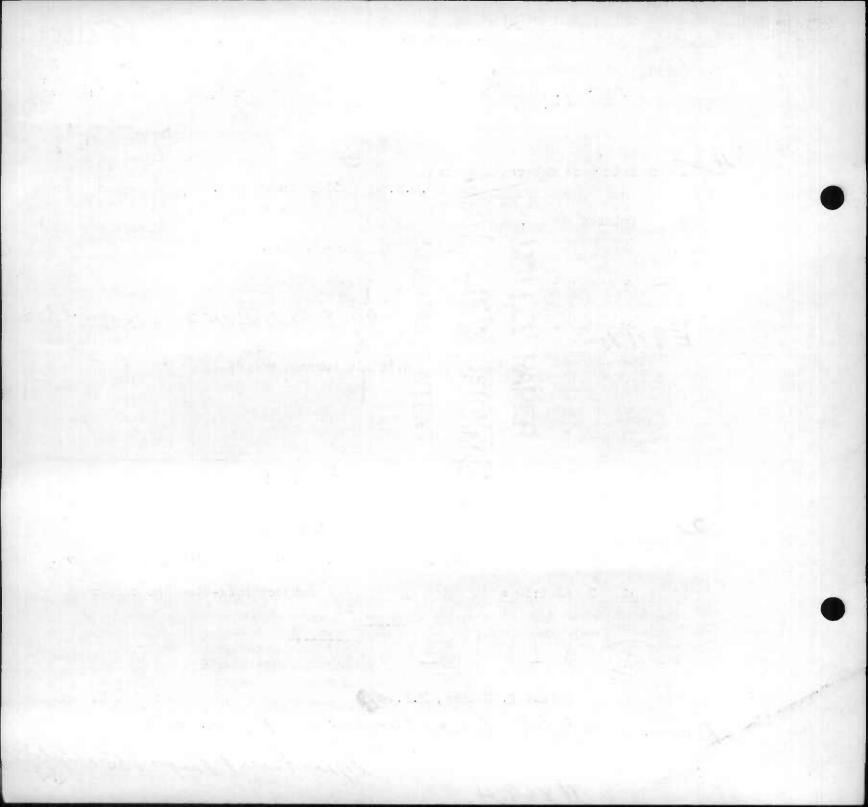
## 67 11563 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11563

M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print)	****	70.017		AND HOUR PRONOUN	
		NSON		vember 30, 1	/V10
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEA		USUAL RESIDENCE (Wh.	ere deceased lived. If in B. C	nstitution: residence before odmission) OUNTY
FULL NAME OF (IF NOT IN HOSPIT	AL OR INSTITUTION, GIV	E STREET	Marylan		
HOSPITAL OR ADDRESS OR LOCA	(NOIT)		CITY OR TOWN (If ou	side corporote limits, w	rite RURAL and give township
			Baltimo		1401
507 W. Mosher	Street	D	STREET ADDRESS (If ru	rol, give location)	,
			507 W.	Mosher Stree	t
5. SEX 6. RACE	7. MARRIED, NEVER MA		DATE OF BIRTH	9. AGE (In year lost birthday)	s If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Female Negro	Widowed		?	68	
IOA. USUAL OCCUPATION (Give kind of wor	108 KIND OF BUSINESS	OR INDUSTRY 11.	BIRTHPLACE (State or fo		12. CITIZEN OF
done during most of working life, even if retired) Unemployed			Howard Co, Me	1	U S A
13. FATHER'S NAME		14	MOTHER'S MAIDEN NA		
James Cooper			Martha Hall		
15. WAS DECEASED EVER IN U.S. ARMED			INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dote	s of service) SECURI	TY NO.	Mis Justice	e, 604 W Bid	d] - C+
			M S JUSCICE	e, out M DIG	dle St
18. 42211		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY				
LEADING TO DEATH	14	Arterios	clerotic card	iovascular d	isease
(This does not meon the mode of heart failure, asthenia, etc. It means injury or complication which caused	dving, e.g.,	UE TO			
injury or complication which coused	deoth.)				
ANTECEDENT · CAUSE	S				
DISEASES OR CONDITIONS, IF A	NY, GIVING	B)			
RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	TATING THE				
Z	(0	2)			
E II					
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE					
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION [198, CON			## ** 0 0 0 ** ** 0 0 0 0 0 0 0 0 0 0 0		
19A. DATE OF OPERATION 19B. CON		RATION	20A. AUTOPSY? (Yes or I	O) 20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PER	PORIVIED		No	IN CERTIFING CA	OSES OF DEATH?
V 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B. PLACE OF	INJURY (e.g., in o	obout 21C. WHERE DIE	(If in Boltimore City,	give exact location)
UTING CAUSE OF DEATH.	etc.)	iory, sireer, ourc	e biog., INJURT OCCUR!		
21D TIME (Month) (Doy) (Yeo	r) (Hour) 21 E. INJURY	OCCURRED	21F. HOW DID II	NJURY OCCUR?	
OF INJURY (APPROX.)		NOT WH			
	m. WHILE AT	AT WOR			
22.   certify that I held an	nquiry Inspecti	on X Autop	and that on	this bosis, death in	my apinlen
resulted from: Notural ca		7		Undetermined man	
resulted from: Notorol Ca	uses X Accident				iner
ACTUAL ( 4 )		1	CHIEF MEDICAL		DATE SIGNED
SIGNATURE	e . Sign	M.D. A	SSISTANT MEDICAL	EXAMINER X	
	S. Springate	, M.D. A	SOCIATE MEDICAL	EXAMINER	December 1, 1967
NAME (Type)	7				
REMOVAL (Specify) 23B. DATE	23C. NAME o	CEMETERY or C	REMATORY 230	LOCATION (Ci	ity, town, or county) (State)
Burial 12/4/6	7 Mt.	Auburn C	emetry F	Paltimore No	1
24A. DATE REC'D BY HEALTH DEPT.	248, NAME OF REGISTE	AR	24C. FUNERAL DIRECT	OR	ADDRESS
010 4 1307	Plobab E, Ja	20 Sec Al			
		and any	A class I am lass a	11-7-1 - 1 700	06 W North A.e



## 67 11564 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 11564

RIKIF	NO. MILD	ICAL LA	AMIIIALK 2 C	LKIIICA	IL OI DI	LA III Kegisie	160 140		
	CASE NO.								
1. N (Type	AME OF DECEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD		
71		ATKINSO	ON		Decemb	er 2, 1967		2:25	ам.
3. PL	ACE IN BALTIMORE, MARYLAND, V	WHERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (Where de	ceosed lived. If inst	itution: reside	ence before or	dmission)
HOS	NAME OF (IF NOT IN HOSPIT PITAL OR ADDRESS OR LOC TUTION	AL OR INSTITU	UTION, GIVE STREET	C. CITY OR TOV	Maryland	corporate limits, write	RURAL on c	d give townsh	nip)
L	3_			Baltim			200		-
G	South Baltimore (			D. STREET ADD					
5. <b>SE</b>	X 6. RACE	7. MARRIED	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT	seamon	9. AGE (In years	If Under	Yr. If Under	24 Hrs.
8	/		and a second		ac M.	lost birthdoy)	Months D	oys Hours	Min.
1	Male Colored		RIED	1	192 21	45		1	
	USUAL OCCUPATION (Give kind of wording most of working life, even if retired)		F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(Stote or foreign	country)	12. CITIZEN	OF COUNTRY?	
	4002 or	GAS +.	Flec Co.	SELM	A N.C		4.5	COUNTRY?	
	ATHER'S NAME		5/	14. MOTHER'S M	AIDEN NAME				
	lames A+KING	SON		EllA					
	AS DECEASED EVER IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
165,	no or unknown) (If yes, give wor or dot	es of service	JECORITI NO.	A/105	Afrink	SON 25	85 SE.	AMON	Ave
1	8 - QUIV.		CAUS	E OF DEATH			1	NTERVAL BE	ETWEEN
	L 78/ X						- (	ONSET AND	DEATH
	DISEASE OR CONDITION D		20.0	1 . 1	-1				
	(This does not meon the mode o		DUE TO	ltiple gun	SHOT WOUL	108			
	heart failure, asthenia, etc. It mean injury or complication which caused	s the diseose,	500 10						
	injuly of complication which cocca	doonii							
	ANTECEDENT . CAUSI	ES	(8)				. 1		
	DISEASES OR CONDITIONS, IF		DUE TO	***************************************					
	RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST.								
z			(C)						
9-								-	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS	ELATED TO							0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
E	9A, DATE OF OPERATION 19B, CO		WHICH OPERATION	20A AIITOPSV	7 (Yes or No) 20	B. IF YES, WERE FI	NDINGS CO	NSIDERED	
8		RFORMED	WHICH OFERATION	20A. A010131		CERTIFYING CAU			
- 3					ES		YES		
MEDICAL	IA. EXTERNAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., e, form, foctory, street,	office bldg., INJUR	Y OCCUR?	in Boltimore City, g	ve exoct loc	otion)	
0	JTING CAUSE OF DEATH.	etc.)	Tavern			oom 1702	Chesape	eake Av	re.
Σ	21D TIME (Month) (Day) (Ye	or) (Hour) :	21E. INJURY OCCURRED		OW DID INJUR		on do dp		
(	OF INJURY							00-1	10
1	(APPROX.) 12 2 67	1:50 a	WORK AT V	WHILE	Subject p	part-time	bar ter	nder	
	22. I certify that I held an	Inquiry 🗌	Inspection Au	utopsy X an	d that an this	basis, death in s	my apinlan		
	resulted from: Natural co	use/s	Acdident Suici	de Homic	ide X Un	determined mann	er		
		/			EDICAL EXA	MINED			
	ACTUAL ()	1	110,	CHIEF M	EDICAL EXA	MINER [		DATE SIC	GNED
	SIGNATURE	, V	M. C	ASSISTANT M					
	EXAMINER'S	•/		ASSOCIATE A	EDICAL EXA	MINER			
		ward F.	Wilson, M.D.			D	ecember	r 2, 19	967
	BURIAL CREMATION, 23B. DATE	23	C. NAME of CEMETERY	or CREMATORY	23D. LO	CATION (City	, town, or co	ounty) (	(Stote)
REM	OVAL (Specify)	147	Borron	TIDNAL	R	1	G		
1	JURIAL Ta/7	161	ONLIVIVA	1101-1	101	027011	1		
24A.	DATE REC'D BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	1	Al	DDRESS	01
			A 98 11 WA	m	11 A. 11	PAL	11	8N"	2 com
	1067	1000	y stallanta	1/m	7 7 200	1 Herry	00	- //	(ct
VS	151-REV. 1/1/65	Amphagna							0



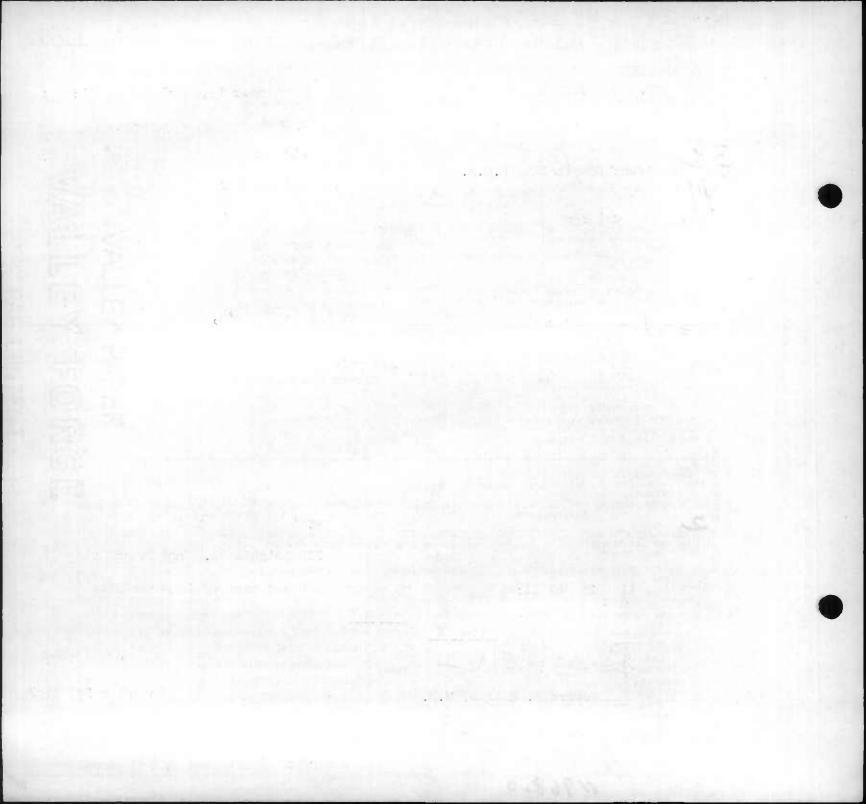
VS 150-REV. 1/1/65

67 11565 BALTII	MORE CITY HEALTH DEPARTMENT
CEK	TIFICATE OF DEATH Registered No. D. 11305
M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print)	DATE AND HOOK OF DEATH
MORY NUKRAY	Dec. 3,1967
FULL NAME OF (If not in hospital or institution, give street	4. USUAL RESIDENCE (Where deceased fived. If institution: residence before ad A, STATE  B. COUNTY  Md.
HOSPITAL OR oddress or location) INSTITUTION	and timuse, Md.
CLINIVERSITY HOSP.	1913 BRANTLEY AUE
5. SEX 6. RACE 7. MARRIED, NEVER MARI WIDOWED, DIVORCED	
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OF	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working/life, every if retired)	WHAT COUNTRY?
Jelen to the mount	Md. USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Um-H. BROWN	F/13A -
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY	17. INFORMANT ADDRESS
Na	George de Ford 2002 Madison
18. 420.0	CAUSE OF DEATH INTERVAL BETWI
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	A acute renal facture 2de
DISEASES OR CONDITIONS, if any, giving	GRAM hegative septicemia 3 m  BUE TO É Sacral abcons oil diverticulities  C) Atherescleration Heart Disease
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERA	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN home, farm, focto etc.)	JJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) ry, street, office bldg., INJURY OCCUR?
21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCK While At Work	CURRED 21F. HOW DID INJURY OCCUR?  Not While At Work
22. I certify that (1) (this haspital) attended the deceased that (1) (we) lost saw the deceased alive on	from 11-4-67 19 to 12-3-6-2 19
and hour and from the couses stated above. (1) (We) (did)	(did not) view the body after death.
23A. SIGNATURE	23B, DATE SIGNED
John F Rose	M.D. Attending Med. Stoff Phys. 12-4-6
23C. PHYSICIAM'S	Phys. Director Phys. 12-4-6
23C. PHYSICIAN'S NAME (Spe) JOHN F. ROGERS	M.D. University Was at a
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEME	TERY or CREMATORY 24D. TOCATION (City, town, or county)
REMOVAL (Specify)	METHODIST CHESTER MD
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	C 25C. FUNERAL DIRECTOR ADDRESS
DEC 4 1967 Robert E. 50	Marshay Al Layer (38 ) Arlon

George de Fred 200 2 Parline 15-1-5 that read helper Clean pagetion applicance Attended when them to discuss 00 John F. Rogers 3-4-26 Harristy Harpele (

	TH NO. 67 11566 CERTIFICATE OF DEATH  Registered No. 11566 CERTIFICATE OF DEATH  Registered No. 11566 CERTIFICATE OF DEATH								
yp e	NAME OF DECEASED  Percy Knight				2. DATE AND HOUR OF DEATH  12-3-67  5:00				
PL	PLACE OF DEATH IN BALTIMORE, MARYLAND				4. USUAL RESIDENCE (V	There deceased lived.	. If institution; residence before odm		
		U			A, STATE B, CC				
F	FULL NAME OF (If not in hospital or institution, give street oddress or location)				C. CITY OR TOWN (If outside city limits, write RURAL and give township)  BALTIMORE  D. STREET ADDRESS (If rural, give location)				
IN	NSTITUTION								
-	L'FRANKLIN SQUARE HOSPITAL								
5	P. KANKY	AKE HOSPI	IALL	27 N	ST				
SE	EX 6. RACE	17	. MARRIED, NEVER MA	RRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 2		
21	v. 0 . v . v . l .		WIDOWED DIYORCE	D (specify)	8-1-01	lost birthdoy)	Months Doys Hours		
//	THE TYPE	Give kind of work 1	OR KIND OF RUSINESS	OP INDUSTRY	0 0 7/	45	12. CITIZEN OF		
ne	during most of working In		OB. KIND OF BOSINESS	OK IIIDOSIKI	11. BIKITITEACE (STORE OF	oreign counity/	WHAT COUNTRY?		
	Retired	L			Virginia		U.S.A.		
. F	ATHERS NAME		•		14. MOTHER'S MAIDEN	NAME			
	Ann Vnicht				Tannal - Tr.	ad olah			
. W	App Knight	U. S. Armed Force			Jennie Ki	nast t	In Was all ADDRESS		
95,	no or unknown) (If yes,	give wor or dotes	of service) SECURI	TY NO.	0/	d Palt	th Knight Address Boone		
	No		217-0	9-2717	Cha	rt Reco			
1	18. 3 3 / B	χI		CAUSE OF	DEATH		ONSET AND DEA		
	DISEASE OR C		CTLY		01/1				
		G TO DEATH		101	C. V. A.				
	(This does not mean			DUE TO					
heart failure, asthenia, etc. It means the disease, injury ar camplicotian which caused death.)									
	injury ar camplicollan	which caused d	leath.)						
			lealh.)	(B)		5 <sup>33</sup> a 5 6w60 a a a a a 5 0 a a a a wooda a a wooda a			
	ANTECE	DENT CAUSES		(8)		***************************************			
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	ANTECEI DISEASES OR CON rise la lhe abave	DENT CAUSES DITIONS, if or couse (A)	ny, giving						
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	ANTECEE DISEASES OR CON rise to the above UNDERLYING COND OTHER SIGNIFICANT TO THE DEATH E	DENT CAUSES  DITIONS, if or couse (A) solition lost.  II  CONDITIONS COUST NOT RELAT ON CAUSING IT.	NTRIBUTING ED TO THE	(C)		No.) 208. IF YES, W.	VERE FINDINGS CONSIDERED		
WILL COLLON	ANTECEL  DISEASES OR CON  rise la lhe abave  UNDERLYING COND  OTHER SIGNIFICANT  TO THE DEATH E  DISEASE OR CONDITI  19 A. DATE OF OPERATI	DENT CAUSES DITIONS, if or couse (A) solition lost.	NTRIBUTING ED TO THE	(C)		No.] 208, IF YES, W.			
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	ANTECEI  DISEASES OR CON rise In the above UNDERLYING COND  OTHER SIGNIFICANT TO THE DEATH E DISEASE OR CONDITI- 19A. DATE OF OPERATI  21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME (Month) OF INJURY (APPROX.)  22. 1 certify that (1) that (1) ( lost sou	DENT CAUSES DITIONS, if or couse (A) soliTION lost.  III CONDITIONS COUST NOT RELATION CAUSING IT. ION 198. COND WAS PERFORM CAUSE OF exominer)  (Doy) (Yeor)  (this costital)	ONTRIBUTING ED TO THE  ITION FOR WHICH OPE  RMED  21B. PLACE OF home, lorm, foc etc.)  (Hour)  21E. INJURY OC While AI Work  attended the decease	RATION  INJURY (e.g., in lory, street, off CCURRED  Not White At Work and from	or obout 21C. WHERE DID its bldg., INJURY OCCUR 21F. HOW DID 21F. HOW DID 30 ond	No) 208. IF YES, WIN CERTIFYING OF THE CONTROL OF T	VERE FINDINGS CONSIDERED CAUSES OF DEATH?  Itimore City, give exact location)		
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1 1 2 2 A .	ANTECEI  DISEASES OR CON rise la the abave UNDERLYING COND  OTHER SIGNIFICANT E TO THE DEATH E DISEASE OR CONDITI- 19A. DATE OF OPERATI  21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical  21D. TIME (Month)  21D. TIME (Month)  21D. TIME (Month)  22. I certify that (I) that (I) ( lost sou and hour and from the 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	DENT CAUSES DITIONS, if or couse (A) solition lost.    Couse (A) solition lost.   Couse (A) soliti	ONTRIBUTING ED TO THE  ITION FOR WHICH OPE  PRIMED  218. PLACE OF home, lorm, focetc.)  (Hour)  21E. INJURY Of While AI  Work  attended the decease alive on	RATION  INJURY (e.g., in lory, street, off Al Work Al	or obout 21C. WHERE DID ince bldg., 21F. HOW DID 21F. HOW	No) 208. IF YES, W. IN CERTIFYING  (If in Bol)  INJURY OCCUR?  that in (my) (furth.  Stoff Phys. So. LOCATION  Baltimore,	VERE FINDINGS CONSIDERED CAUSES OF DEATH?  Itimore City, give exact location)  12. — 3. — 19  opinion death occurred on the last of the		

Injust passof Sweet Lay BALTIMORE MRANKLIN SAWAR HOSPITHL 27 N. CAREY ST 18-6-81 muse days alidound Retired F 5 7 Christ Record A 1.4 FRANKLIN SOURCE III.



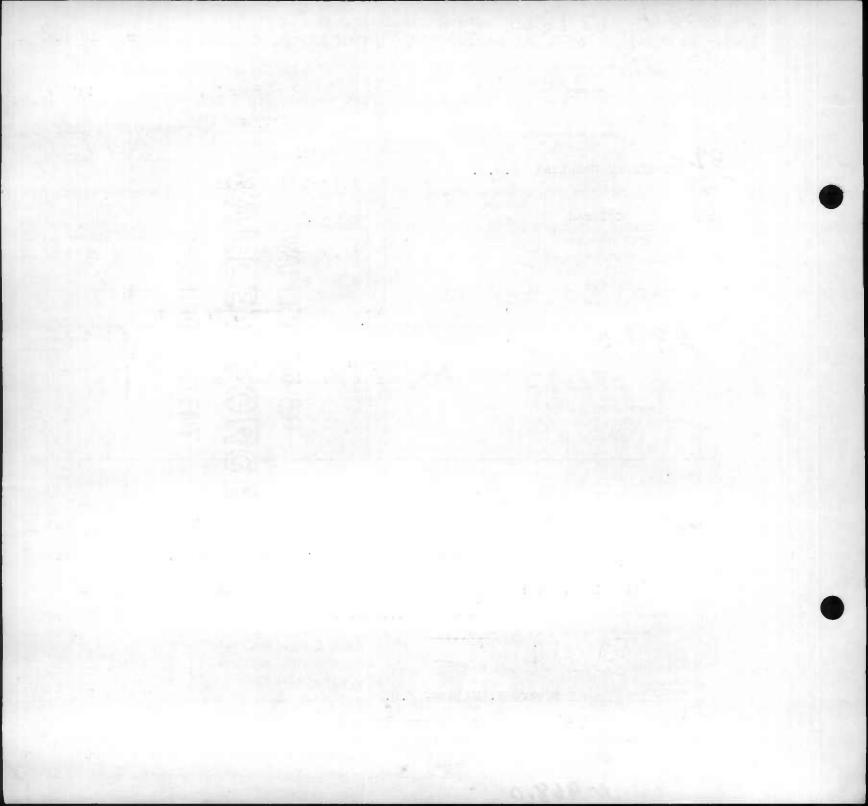
24C. FUNERAL DIRECTOR

Adolphus Halsttead 1206 W North

Ave

24B, NAME OF REGISTRAR

14216

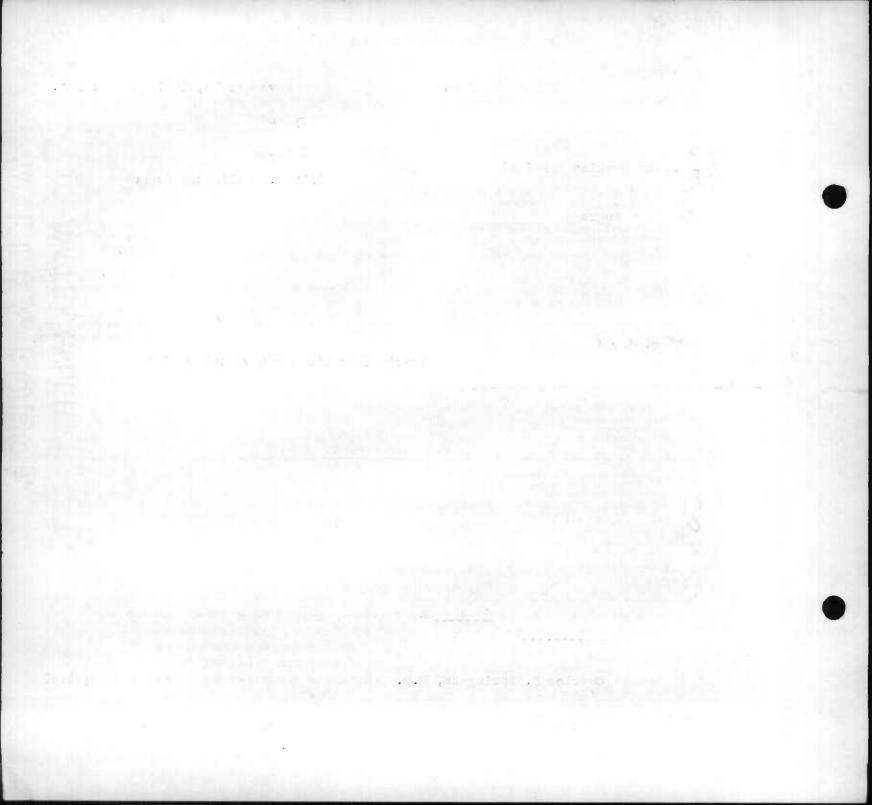


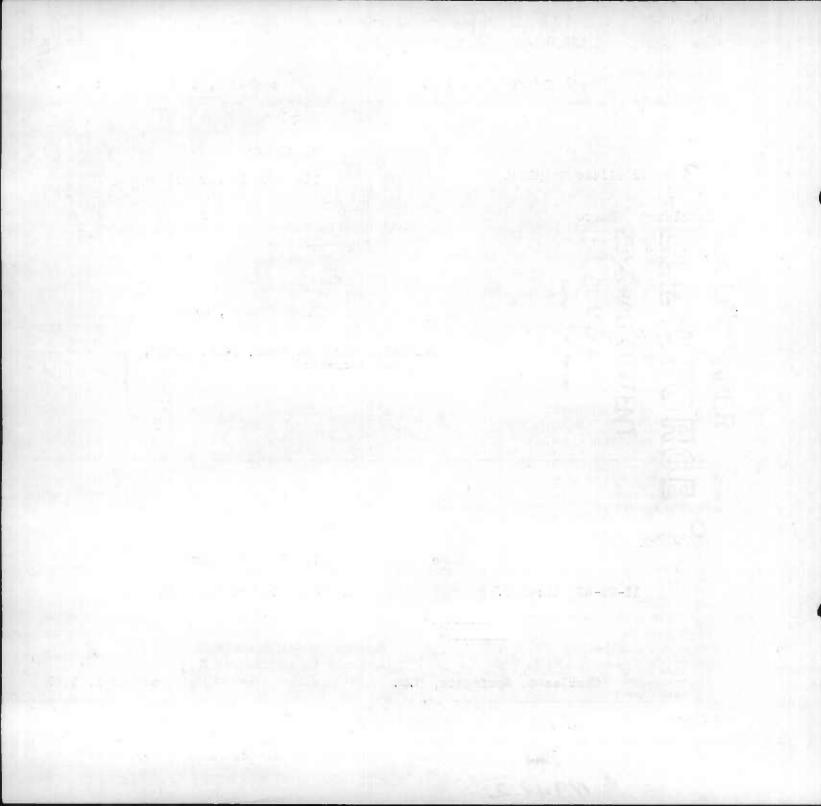
FUNERAL DIRECTOR: IMPORTANT

1	1	M-460 BALTIMORE CITY HEALTH DEPARTMENT	CT 11500			
Pedat			67 11569			
l and death eased n the Such	1.1	LE CASE NO.  2. DATE AND HOUR OF DEATH	. 40 ,			
5 - 8 0 -		PLACE OF DEATH IN BALTIMORE, MARYLAND [4. USUAL RESIDENCE (Where deceased lived, if in	An. M.			
		A. STATE B. COUNTY	13110110118 Testagnee belote dollarsstony			
A 2 (5. 5. b		FULL NAME OF (If not in hospital or institution, give street oddress or location)  C. CITY OR TOWN (If outside city limits, write)	C. CITY OR TOWN (If outside city limits, write RURAL and give lower hip)			
cau cau use; tend		THE JOHNS HOPKINS HOSPITAL BALTIMORE	7-03			
ting d ca d ca prior		D. STREET ADDRESS (If rurol, give location)				
F 3 0 0	5. 9	SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.			
occur ontrib ermin regul eased is ma		MALE NEGATO WIDOWED, DIVORCED (specify)	Months Doys Hours Min.			
th o		A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
E. d.		Laborer Construction	USA			
direct; (4) Unit want the dispos	13.	FATHER'S NAME				
dird d; (4 ith	15	Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	? ADDRESS			
istar he d kind deat ce o	(Ye	Wos Deceased Ever in U. S. Armed Forces? es, no arunknown) (If yes, give wor or dates of service)  250-22-0290  Chart	Abbitos			
f t d d d d d	-	18. CAUSE OF DEATH	INTERVAL BETWEEN			
fo, on under	Ì	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH			
PASSE		LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  DUE TO  CARCINOMATOSIS	SIMPTOMS FOR			
er. ctu pro lar		hearl foilure, osthenio, etc. Il meons the disease, injury ar camplication which coused death.)				
frac frac gul		ANTECEDENT CAUSES  (B) ADENOCARCINOMA OF COLON	,,,,,,,			
xam xam y A wh wh		DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C)				
ins in		UNDERLYING CONDITION last.	***************************************			
dica irns irns sici	Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING LEFT HEMI COLECTOMY of COLOSTOMY	ABOUT 12 HRS.			
me phy an	ATION	TO THE DEATH BUT NOT RELATED TO THE COLOSTOMY - DOUBLE-BARREL				
chie yy a y a body the hysici	THEIC	WAS PERFORMED & STATE OF THE CONTROL	FINDINGS CONSIDERED			
by by 2) B 2) B 4 6 + 6 + 6 + 7 6 + 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimor	re City, give exact location)			
y the ital be; (2) chere. No ph	CAL					
d b sp sp tur tur tur (6)	MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?				
ho ho	<	Work L At Work L				
0 = = 0 0		22. I certify that (1) (this hospital) attended the deceased from 10/26 19 67 to 11				
5 + 4 E (F 4		that (1) we lost sow the deceased alive on 11/30 19 67 and that in (my) (our) op and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	inion deoth occurred on the dote			
dent of ospital death		23A. SIGNATURE	238. DATE SIGNED			
ccide ccide a hos		Mark B. Ovruger M.D. Attending Med. Staff Phys. 4	11/30/67			
0 - 0 - >		23C. PHYSICIAN'S NAME (Type)	- 01 1.1			
was r was r A. at a prior		MARK B. ORRINGER M.D. Johns Hopkins Hosp.	Balt., Md. 21209			
body was wes: (1) An b.O.A. at eased prio	24/	REMOVAL (Specify)	ity, town, or county) (State)			
This certif the body shows: (1) was D.O.A deceased	254	B urial   12/6/67   Mt Calvary Cemetry   A A County  A. DATE REC'D BY HEALTH DEPT.   258_NAME OF REGISTRAR   25C. FUNERAL DIRECTOR	Md			
This the back was dece		DEC 4 1967 Robert E. Farley Adolphus Halstead 120				
	VS	150-REV. 1/1/65				

No No

BIRTH NO.	MED	ICAL EX	AMINER 3	LEKTIFICA	E OF	DEATH Registe	red No				
M.E. CASE NO.	- OF A CED										
1. NAME OF D (Type or Print)		2. DATE AND HOUR PRONOUNCED DEAD					Λ				
3. PLACE IN BA	LTIMORE, MARYLAND, W		ARSHAL	4. USHAL RESID		mber 26, 196		2:15			
		TIERE CHOICE		4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY							
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU ATION)	JTION, GIVE STREET	C. CITY OR TOV		e corporate limits, write	RURAL on	d give towns	hip)		
33/1			(700		altimor			9			
JOI	ns Hopkins Ho	spital	(DO)	- A		Collington A	Wenne				
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTI		9. AGE (In years	If Under	1/Yr. If Unde			
Mala	Noore	WIDO WED,	DIVORCED (specify)	2		lost birthdays	Months	Days Hours	Min.		
Male IOA, USUAL OC	Negro	k TOB. KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE	State or foreig		12. CITIZE	N OF	1		
90 9	f working life, even if retired)	C+ a	7	Month.	Camalia		70 0	COUNTRY?			
Laborer 13. FATHER'S NA		Stee	3.1	14. MOTHER'S M	Carolin AIDEN NAM		US	5 A			
77.2	- W			10 - 7 7							
Juliu 15. WAS DECEA	s Marshall SED EVER IN U.S. ARMEI	FORCES?	16, SOCIAL	Polly 17. INFORMANT			ADDRESS				
	(If yes, give wor or dot	es of service)	SECURITY NO.	7/ 77	i - 0	2-77 0671	T 07 5-	Oh			
no					la Cam	obell, 2614	-				
1B.	22.1		CAUS	USE OF DEATH				ONSET AND			
DISE	ASE OR CONDITION D										
(This does	LEADING TO DEATH		(A) Arter	iosclerotio	cardi	ovascular di	sease				
heort foilu	re, osthenio, etc. It meon	s the diseose,	DUE TO								
111019 01	ompheonon which coosed	de oma,									
	ANTECEDENT · CAUSES										
DISEASES	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE										
UNDERLY	UNDERLYING CONDITION LAST.										
<u> </u>	14		(0)								
OTHER SI	II GNIFICANT CONDITIONS	CONTRIBUTII	NG								
O THE	DEATH BUT NOT RE		HE								
-			WHICH OPERATION	20 A. AUTOPSY	? (Yes or No)	20B. IF YES, WERE FIR	NDINGS CO	ON SIDERED			
0	WAS PE	RFORMED		No		IN CERTIFYING CAUS	SES OF DEA	ATH?			
	AL CAUSE WAS		PLACE OF INJURY (e.g.	, in or about 21C. V		(If in Boltimore City, give	ve exoct lo	cotion)			
	GOR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., INJURY	OCCUR?						
E 21 D TIME	(Month) (Doy) (Yea	or) (Hour) 2	1E. INJURY OCCURRED	215 H	OW DID IN H	URY OCCUR?					
OF INJURY	(1410 lilli) (100y) (1ec				DW DID INS	OKI OCCOK:					
	(APPROX.)  m. WHILE AT NOT WHILE AT WORK										
	22. I certify that I held an Inquiry Inspection X Autopsy and that on this basis, death in my opinion										
res	resulted from: Notural couses X Accident Suicide Homicide Undetermined monner										
	CHIEF MEDICAL EXAMINER										
	DATE SIGNED										
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER A										
	INER'S Charles (Type)	a. shr	Ingate, M.D.	ASSOCIATE M	EDICAL E.	AMINER NO	venibe.	1 20, 1	.907		
23A. BURIAL CI	REMATION, 238 DATE	23	C. NAME OF CEMETERY	or CREMATORY	23D. L	OCATION (City,	town, or o	ounty)	(Stote)		
REMOVAL (Spec	12/2/	67	Mt Calvary	Cenetry	A	A County	M				
	D BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR		ਰ	DDRESS			
DEC	4 4000 0		700	A A		ead 1206 W N					
0,20	- 1001 UEL	reil C.	tarbey Man								





This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

4-	450	OH	BALTIMORI	CITY HEALTH DEPAR	RTMENT		p my . a	1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1		
BIRTH NO.		67 11	572 CERTIF	ICATE OF DE	EATH	Registered No	. 67 11	512		
M.E. CAS	OF DECEASED					D HOUR OF DEAT	Н			
(Type of P	nint)	thur Alle	n		2. DATE AND HOUR OF DEATH 11/26/67   9:55   2.					
3. PLACE	Arthur Allen PLACE OF DEATH IN BALTIMORE MARYLAND						institution: residence	before admissi		
	The state of the s				B. COUN	TY		00.010		
	FULL NAME OF (If not in hospital or institution, give street oddress or location) NSTITUTION				yland					
					C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
1	3		Baltimore 25-3							
COLLE	SOUTH BALTIMORE GENERAL HOSPITAL				D. STREET ADDRESS (If rurol, give locotion)					
				2423 Sea						
5, SEX	6. RACE		RRIED, NEVER MARRIED OWED, DIVORCED (speci	fy) B. DATE OF BIRT		ost birthday)	Months Days	If Under 24 H Hours   Min.		
Male	4. 0.			7/10/14		53				
ióà. USUA	AL OCCUPATION (Give kir	nd of work 10B, KIN	ND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE	(State or foreig	gn country)	12. CITIZEN OF WHAT COU	NTDY2		
Un	empLoyed	, remed)				?	US			
3. FATHE	R'S NAME			14. MOTHER'S M	AAIDEN NAA	A E				
	ntque			Anne						
Yes, na ar	veceosed Ever in U.S. Au unknown) (If yes, give wo	mmed Forces? It at dotes of set	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRE	22		
				Char	a+					
1B.	-411 Jus	LAV	CAL	JSE OF DEATH	U		INTERVA	L BETWEEN		
0	DISEASE OR CONDITI	ON DIRECTLY						AND DEATH		
	LEADING TO			A. I tu	2.11.7	1.0				
(This	Churic Pancratity  LEADING TO DEATH  (This does not mean the made of dying, e.g., head failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the									
hearl	hearl failure, asthenia, etc. Il means the disease,									
Injury	injury or complication which caused death.)									
	ANTECEDENT C	CAUSES	(B)	0	vivue	700077				
DISEA	DISEASES OR CONDITIONS, if any, giving									
	rise to the above cause (A) stating the (C) Lamus Confidence (C)									
OND	UNDERLYING CONDITION last.									
z	OTHER SIGNIFICANT CONTRIBUTING									
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE									
DISEA	ASE OR CONDITION CA	USING IT.								
DI 19A, D		98. CONDITION AS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY	(? (Yes or No)		E FINDINGS CONSIDERALS OF DEATH?	DERED		
E 2	YES YES									
U 21A. A	ACCIDENT WAS UNDER ONTRIBUTING CAUSE	LYING -	21B. PLACE OF INJURY	(e.g., in or about 21 C. WF	HERE DID	(If in Baltim	nore City, give exact I	locotion)		
	DEATH (notify medical examiner) etc.)									
D 21 D. Π	TME (Month) (Doy)	(Year) (Hour)	21 E. INJURY OCCURRE	D 21 F. HO	W DID INJU	IRY OCCUR?				
>	OF INJURY			t While		AT COOK.				
(A PPR	(APPROX.) Work Al Work									
22. 1	22. I certify that 00 (this hospital) attended the deceased from 10/23/67 19 to 11/26/67 19									
	that 20 (we) last saw the deceased alive on 11/26/67 19 and that in (my) (aur) opinion death occurred on the d									
that D	ond hour and from the causes stoted above. (I) (We) (did) (did nat) view the bady ofter death.									
thot P								rred on the c		
ond h	nour and from the caus	es stoted abo	ve. (I) (We) (did) (did	nat) view the bady of	ter death.					
ond h		ses stoted abo	1.				23 B. DATE SIGNE	D		
ond h	nour and from the caus	ld In	. (1) (we) (did) (did	. Attending - M		Stoff X	23B. DATE SIGNE	D		
ond h	IGNATURE  HYSICIAN'S	ld M	1.	. Attending - M		Stoff X		D		
ond h	IGNATURE	ld M	1.	Attending M Phys. Di		Stoff Phys. X		D		
ond h 23A. SI 23C.PH N	IGNATURE  HYSICIAN'S IAME (Type)  DONALD	de In	. W.D. M.D.	Attending MDi Phys. Di 23D. ADDRESS M.D. S.B.G.H.	ed. rector	3 Light St	11/27/6	57		
ond h 23A. SI 23C.PH N	IGNATURE  HYSICIAN'S IAME (Type)	de In	. hoo), M.D.	Attending M Phys. Di	ed. rector	3 Light St	11/27/6	57		
ond h 23A. SI 23C.PH N	HYSICIAM'S IAME (Type)  DONAT.D  AL CREMATION, 248. E	M. WOOD	M.D.	Attending Moi	ed. rector 224D. Lo	3 Light St.	11/27/6	57		
ond h 23A. SI 23C.PI N 24A. BURIA REMO	HYSICIAN'S IAME (Type)  DONALD  AL CREMATION, 248. E	M. WOOD PATE 2 /1/67	. W.D. M.D.	Attending Moi Phys. Di 23D. ADDRESS M.D. S.B.G.H. OF CREMATORY Cemetry	ed. rector   24D. Lo Bal	3 Light St	11/27/6	57		
ond h 23A. SI 23C.PI N 24A. BURIA	HYSICIAN'S IAME (Type)  AL CREMATION, 248. E OVAL (Specify)  Burial 12, E REC'D BY HEALTH DEI	M. WOOD DATE 2 /1/67 PT.  258.NA	M.D.  AC.NAME of CEMETERY  Mt Auburn	Attending Mphys. Di 23D. ADDRESS M.D. S.B.G.H. or CREMATORY Cemetry 25C. FUNERAL	ed. rector  24D. LO Bal	3 Light St.	11/27/6	57		

ficate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceosed	was D.O.A. of a hospital (except where the physician who pronounced death was in regular attendonce on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be a	the body was released shows: (1) An accident o	was D.O.A. ot a ho deceased prior to written approval n	

R-50				HEALTH DEPARTMENT		67 415	my m
BIRTH NO.	67	1157	3 CERTIFICA	TE OF DEATH	Registered No.	67 115	13
M.E. CASE NO.					ID HOUR OF DEATH	1	
Type or Print)	JULI	IAN A.	REAMY		er 4, 1967		5A
PLACE OF DE	EATH IN BALTIMORE, MA		2444114	4. USUAL RESIDENCE (When	re deceased lived. If i		e odmissio
				A. STATE B. COUN	ITY		
HOSPITAL OR			give street		tside city limits, write	RURAL and give towget	
INSTITUTION					Baltimore		-0
40	Gould Conva	alesariu	m	D. STREET ADDRESS (If	rurol, give location)		
10				19	911 Woodbou	rne Avenue	
S EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		nder 24. Hr
Male	White		D, DIVORCED (specify)	Feb. 5, 1881.	lost birthdoy) 86	Months Doys Hours	Min.
		k 10 B. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF	
	f working life, even if retired)  Machinist	E.X. He	oper Co.	Virginia		USA USA	?
3. FATHER'S NA		D 611 6 110	oper co.	14. MOTHER'S MAIDEN NA	ME	0011	<del></del> -
	Fairfax	Reamv				lla Marders	
5 Was Dasses	d Ever in U. S. Armed Fo	114	16 social	17 INFORMANT			
Yes, no or unknow	(n) (If yes, give wor or dote	es of service)	215-09-2841A	17. INFORMANT	Daniel Barre	ADDRESS	343
No				Mrs. W. Lester	Davis, Box	Jo, Aberdeen,	MO.
18.33	/ X I		CAUSE O	F DEATH		INTERVAL BE	
DISEA	SE OR CONDITION DI LEADING TO DEATH		$\Omega = I$	1 1	1 1	11 1	. 1-
(This does	not mean the mode of		(A) LEFED	rovascular Ac	ccident	4-6	WK,
heart failure,	, osthenio, etc. It means	s the disease,					
injury or co	mplication which caused	death.)		4 4 4 .			
	ANTEGEDENIE CANGE		(8)	ebral Auter	ascletosis		
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period of the state of the state of

	EALTH DEPARTMENT 67 11574
BIRTH NO. 67 11574 CERTIFICATI	E OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Phin) WILCIAM H. WILD BERG	FD 2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give downship)
INSTITUTION Home +	c. CITY OR TOWN (If outside city limits, write RURAL and give low-pip) 34
33 Hospital	O. STREET ADDRESS (If rurol, give locotion)  4002 Echodale City
WIDOWED, DIVORGED (specify)	DATE OF BURTH, 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
Married  10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 117.	RTHPLACE (State or foreign country)  12. CITIZEN OF
done during most of working life, even if relired)  Construction	WHAT COUNTRY?
13. FATHER'S NAME	MOTHER'S MAIDEN NAME
Tien ign	Mushell and Address
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	frs. Maude E. Wildberger (Same)
18. CAUSE OF C	DEATH Saukelow INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and some of
(This does not meon the mode of dying, e.g., DUE TO	process of conjunction
heart failure, astheria, etc. It means the disease,	
injury or complication which coused death.)	rlikes Ithe lune
ANTECEDENT CAUSES  OUE TO	
DISEASES OR CONDITIONS, if ony, giving	aliles mellitus
UNDERLYING CONDITION lost.	2/al al semi Incertable
11	constitution of the same of th
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)   21B. PLACE OF INJURY (e.g., in or office etc.)	ir about 27 C. WHERE DID (If in Baltimore City, give exact location) e bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  While At Not While May Work  At Work	
22. I certify that (I) (this hospital) attended the deceased from	12/1 1967 10 12/3 1967.
,	19.4.7 ond that in(my) (our) apinion death accurred on the date
and haur and from the causes stated abave. (1) (We) (did) (did not) view 23A. SIGNATURE	w the bady after death.  23B. DATE SIGNED
Francisco Pallaga M.D. Attendi	
230. PHYSICIAM'S NAME (Type)	D. ADDRESS Church Home + Hogg-
24A. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY OF CREMATION	ATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 12/7/67. St. Johns Lutheran	
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 4 1967 R. Du & E. Farbura	Leonard J. Ruck, Inc. Balto. Md. 21214
VS 150-REV. 1/1/65	

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## FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

7-6	12		BALTIMORE CITY	HEALTH DEPARTMENT		67 11575
BIRTH NO.	67	11575	CERTIFICA	TE OF DEATH	Registered Na.	67 11575
M.E. CASE N	10.				D HOUR OF DEATH	
	h =	LAVARA	- 5-	1 1	167 - 2125	
3. PLACE OF	DEATH IN BALTIMORE, MA	MYRTLE	V =	4. USUAL RESIDENCE (Where	deceased lived. If is	nstitution: residence before admission)
				A. STATE B. COUNT	//	
FULL NAM			e street	110 BX	ALTO. CO	
INSTITUTIO				C. CITY OR TOWN (If outs		RURAL and give fownship)
MAR	LAND GENER	on H	OS PITAL.	BALTIMORE D. STREET ADDRESS (If I		35-00
1 thire	(2)1000	V7L Nº		No.	HTSIDE	RD.
s. SEX	6. RACE	7. MARRIED. N	EVER MARRIED	O DATE OF BIRTH	ACE (I	
F	W	WIDOWED,	DIVORCED (specify)	March 20, 1893	ost bighdoy!	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	OCCUPATION (Give kind of world of world) of working life, even if retired)	10B. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
	sewife			VA.		USA.
3. FATHER'S	NAME			14. MOTHER'S MAIDEN NAM	A E	
Albert	? HARVEY		A	lice MOORE		
5. Wos Dece Yes, no or unk	nown) (If yes, give wor or dote			17. INFORMANT		ADDRESS
No		2	213-34-3689	Mr. Marvine W.	. Proffitt	(Same)
1B. —	15 Y I		CAUSE OF	DEATH		INTERVAL BETWEEN
DI	SEASE OF CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) SEF	TIC SHOCK		10 hrs.
	pes not meon the mode of lure, osthenio, etc. It meons		DUE TO		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
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	ANTECEDENT CAUSES		(B) DUE TO	RAL DECUBI	102	
	S OR CONDITIONS, if					
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0.1100.110						
OTHER S	II SIGNIFICANT CONDITIONS (	ONTRIBUTING				
≅ TO TH	E DEATH BUT NOT RELA	ATED TO THE	SEVERE P	ARKINSON'S DI	SEVSE	
	E OF OPERATION 198. CON	IDITION FOR WE	IICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
	WAS PER	FORMED		NO	IN CERTIFYING CA	USES OF DEATH?
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examiner		LACE OF INJURY (e.g., in form, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimor	re City, give exact location)
21D. TIM	E (Month) (Doy) (Year)	(Hour) 21 E 11	NJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJU		While	At Not While			
ATPROX	,	Work	At Work	Ц		
	rtify that (1) (this haspita					13 1967
that (I)	(we) lost sow the decease	ed olive on	12/3	19 67 ond the	t in (my) (our) api	inion death occurred on the date
and hav	r and from the causes sto	ted obave. (I)	(We) (did) (dld not) v			
23A. SIGN	NATURE	1.				23 B. DATE SIGNED
6	Malal A	. /Was	M.D. Atte	nding Med. Director	Staff 🗸	12/3/67
23C.PHY	SICIAN'S	-	rnys	3D. APORESS	- 01	0 11 3
NAA	AE (Type) NARII	F. lei	ARSALMO	Mary land	Leve	ial Hosp.
AA BIIBIA'	CREATATION TOTAL	1000				V
REMOV	CREMATION, 24B. DATE		AE of CEMETERY of CRE			ity, town, or county) (Stote)
Bur		More	land Memoria	1 Cemetery	Baltimore	, Md.
Alle anno	EC'D BY HEALTH DEPT.	25B. NAME OF		25C. FUNERAL DIRECTOR		ADDRESS
DE	C 4 1967 OLC	10 E. V	Inder M. B	Leonard J. Ruc	k, Inc. Bal	to. Md. 21214
VS 150-REV.	1/1/65					

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**IMPORTANT** FUNERAL DIRECTOR:

D.O.

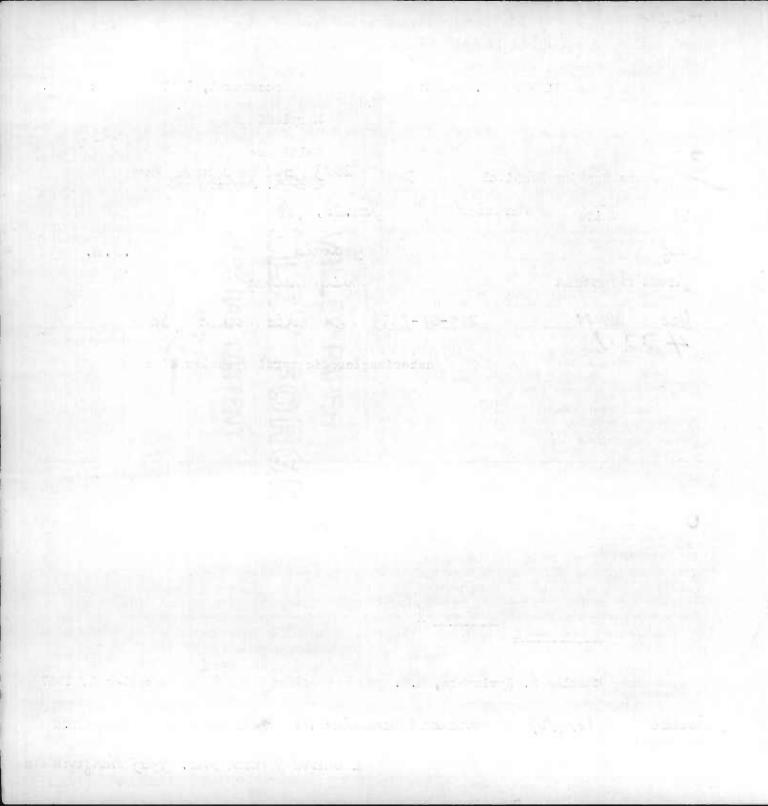
Was

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH 4. USUAL RESIDENCE (Where deceased fixed. If institution: residence before admission) outside city limits, write RURAL and give towaship If Under 1 Yr. Months Doys If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? USA Mr. Richard N. McCulloh, 3107 White Ave. #14 ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? City, give exoct tocotion) and that in(my) (aur) apinian death accurred an the date 23B, DATE SIGNED 24A. BURIAL CREMATION, REMOVAL (Specify) (City, town, or county) Baltimore, Md. Burial Parkwood Cemetery 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214 VS 150-REV, 1/1/65

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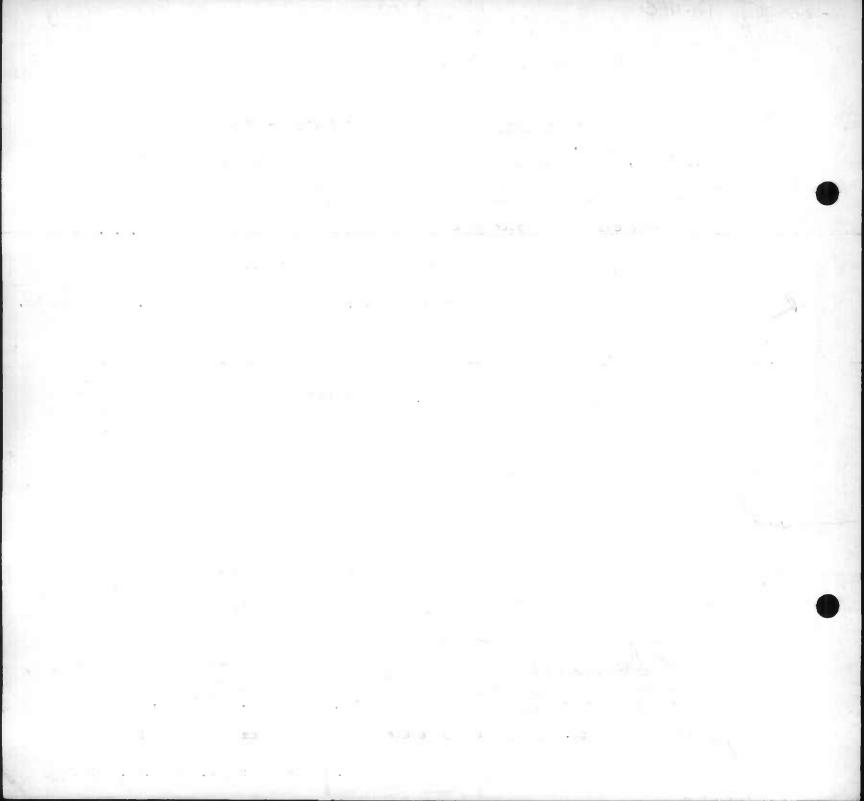
	l and death	eased	n the	Such	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	o death.	
	ed in a	ed cause	ir atten	prior to	6.
	h occurs	stermine	n regula	ceased	n is mac
_	if deat	(4) Unde	was in	the de	ispositio
DRTAN	f the di	y kind;	d death	ance on	r final d
IMPO	r or his a	are of an	onounce	attend	almed o
FUNERAL DIRECTOR: IMPORTANT	xamine	A fract	who pr	regular	written approval must be obtained before the remains are embalmed or final disposition is made.
AL DIR	nedical e	urns; (3)	ysician	was in	emains o
UNER	chief me	Body b	the ph	hysician	re the r
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	approve	fany no	il (excep	); and	se obtain
	must be	cident o	hospita	to death	al must b
	This certificate must be the body was released	(1) An ac	D.A. at a	d prior	approve
	This cer	shows:	was D.(	decease	written

7-173 071 43	BALTIMORE CITY	Y HEALTH DEPARTMI		OF AFRO
BIRTH NO. 67 11 M.E. CASE NO.	OF CERTIFICA	ATE OF DEA	TH Registered Na.	57 11578
1. NAME OF DECEASED (Type or Print)  FRANCES	FOR REST	_	Nov 29, 19	64, 7 D M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B.	COUNTY	itution: residence befare/admission)
FULL NAME OF (If not in hospital ar institu HOSPITAL OR address or location) INSTITUTION	tion, give street		VLAND (If outside city limits, write RU	PRAL and give township)
14	0 /	D. STREET ADDRESS	TIMORE 2 (If rural, give location)	1200 02/-41
Union Memorial	Hosp.	5916	WALTHER	BLVD.
	RIED, NEWER MARRIED OWED. DIVORCED (specify)	12-24-X	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10 B, KINdone during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLA CE (State	or fareign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE  13. FATHERS NAME		BAL	TIMORE, MO	· U.S.
		14. MOTHERS MAID	EN NAME	
FRANK MAX	RERT		MARY	Kram
5. Was Deceased Ever in U. S. Armed Farces? Yes, no at unknown) (If yes, give war at dates of ser	vice) 1 6. SOCIAL SECURITY NO. None	Mr. Charles	W. Forrest	(Same)
/ 1B. 5 7 1. 1 1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ani	to Garda	Emberibus	2
(This does not mean the mode of dying,		che		, <u>6</u>
heart failure, asthenia, etc. It means the dis injury or complication which coused death.)		1. 2		
ANTECEDENT CAUSES	(B) OUE TO	lugal neutro	<u> </u>	00001 4-010011 01 111 4-11 1011 01 0 00 0 0 0 0 0 0 0 0 0 0 0 0
DISEASES OR CONDITIONS, if ony,	iving	12/201		
rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	The (C)	200 010		··· · · · · · · · · · · · · · · · · ·
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO	UTING TOLIC LA	enulities o	lue do Enlevida	a MII.
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20A. AUTOPSY? (Ye		NDINGS CONSIDERED
21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in ar about 21 C. WHERE office bldg., INJURY OC	DID (If in Baltimare CUR?	City, give exact location)
21D. TIME (Manth) (Day) (Year) (Haur)	21 E. INJURY OCCURRED	21 F. HOW [	DID INJURY OCCUR?	
(APPROX.)	While At Wark Not Wh			
22. I certify that (I) (this hospital) atten	ded the deceased fram	Nov 2	9 19 6 )ta	NOU 291967.
that (I) (we) last saw the deceased alive				ian death accurred an the date
23A. SIGNATURE	1	The bady direct		23B. DATE SIGNED
2010	- 20-1 MD. A!	ttending Med.	Stoff Phy s.	Nov 29, 196
23C. PHYSICIAN'S NAME (Type) ZOLTHN Z.	rik DAY M.D.	23D. ADDRESS	Union Memorial	Hospital
24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) 12/4/67.	4C. NAME of CEMETERY of CI		24D. LOCATION (City Baltimore	, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	E , Tabey MA	Leonard	Ruck Inc. Ba	160. Ma. 21214
VS 150-REV. 1/1/65			7	

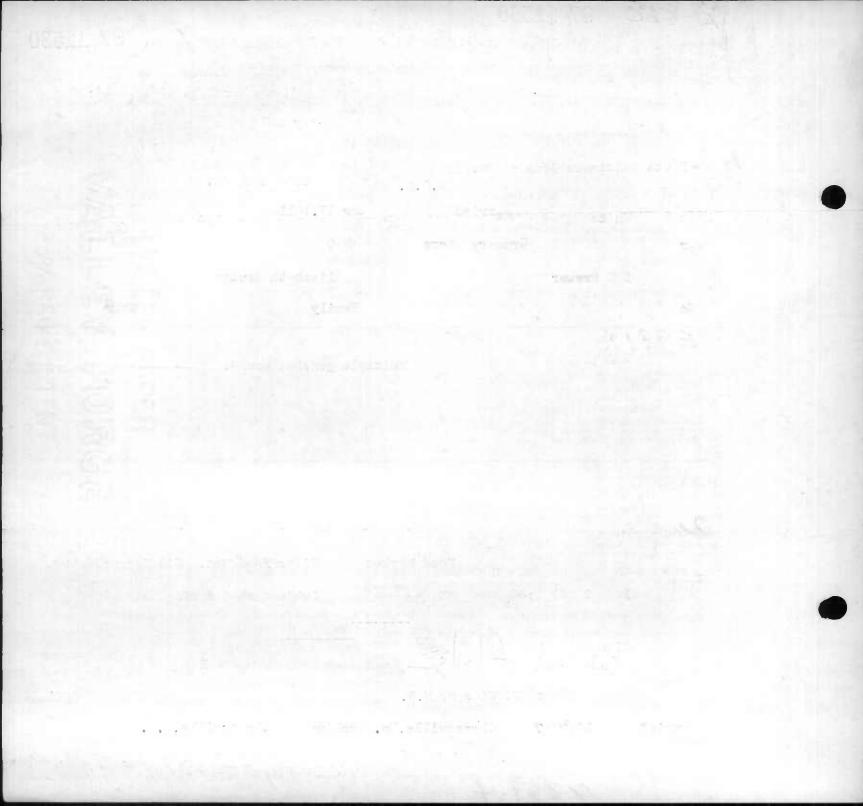
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VS 150-REV, 1/1/65



VS 151-REV. 1/1/65



5	-51	0 67	1158	1	HEALTH DEPART			67 11581	
	H NO. CASE NO.		Latoc	CERTIFICA			Registered No.		
(Тур	AME OF DEC		REDER	CK J		11/29		11:10P.	м.
F	ULL NAME OF STITUTION	OF (If not in hospital address or location	or institution,		MARYLAI c. CITY OF TOWN PASADE	ND (If outside	city limits, write	RURAL and give township)	\$sion)
	40	ST AGNES H	IOSPITA	L	D. STREET ADDRE		, give location) E AVENUE		
	MALE	6. RACE WHITE	MAR	NEVER MARRIED D, DIVORCED (specify) R IED	8. DATE OF BIRTH	7 6	GE (In years birthdoy)	If Under 1 Yr. If Under 2 Months Days Hours A	4 Hrs. Ain.
done	during most of	working life, even if retired)		SERVICE	MARYLA	ND	cauntry)	12. CITIZEN OF WHAT COUNTRY? U. S.	
13. F	FRE FRE	DERICK SCHI	MPF		ELLEN	E IC	OFF		
5. V Yes	Nas Deceased , no or unknown	Ever in U. S. Armed For (If yes, give wor or date	ces? es of service)	16. SOCIAL SECURITY NO. 212-10-9374	17. INFORMANT	RECORI	DS - CAT	ADDRESS  TON & WILKENS	ΔVF
AL CERTIF	(This does in heart failure, injury or can DISEASES (rise to the Land of the L	7/67 WAS PER	dying, e.g., lhe disease, death.)  any, giving stating the  CONTRIBUTION TO THE IT.  IDITION FOR VICE FORMED  [218	WHICH OPERATION  HEKORRHAG  PLACE OF INJURY (e.g., in, fortory, street, of	DCARDI  LORRHAG  PTIC U  BRONC    20A. AUTOPSY?  F. N. C.  1 or obout   21 C. WHE	RE DID	N CERTIFYING CA	INTERVAL BETWEEN ONSET AND DEAT  A Nrs.  3 72 hrs  SE Years.  Findings considered auses of death?	
MEDIC	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		ile At Not While		V DID INJURY	OCCUR?		
	that ( (we)	d from the causes state	ed olive on	NOVEMBER 29  D(We) (did) (did not) v  M.D. Attr. Phy	ending Mer Dire	d. Sto	n (my) (aur) ap	VEMBER 29, 19 6 sinion deoth occurred on th	o dote
I	BURIAL CRE REMOVAL (	MATION, 248. DATE Specify)	-	M.D.  AME of CEMETERY of CRI  reland Memori  of REGISTRAR		24D. LOC	ATION (C	City, town, or county) (S	tote)

TOTAL SECTION SECTION

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

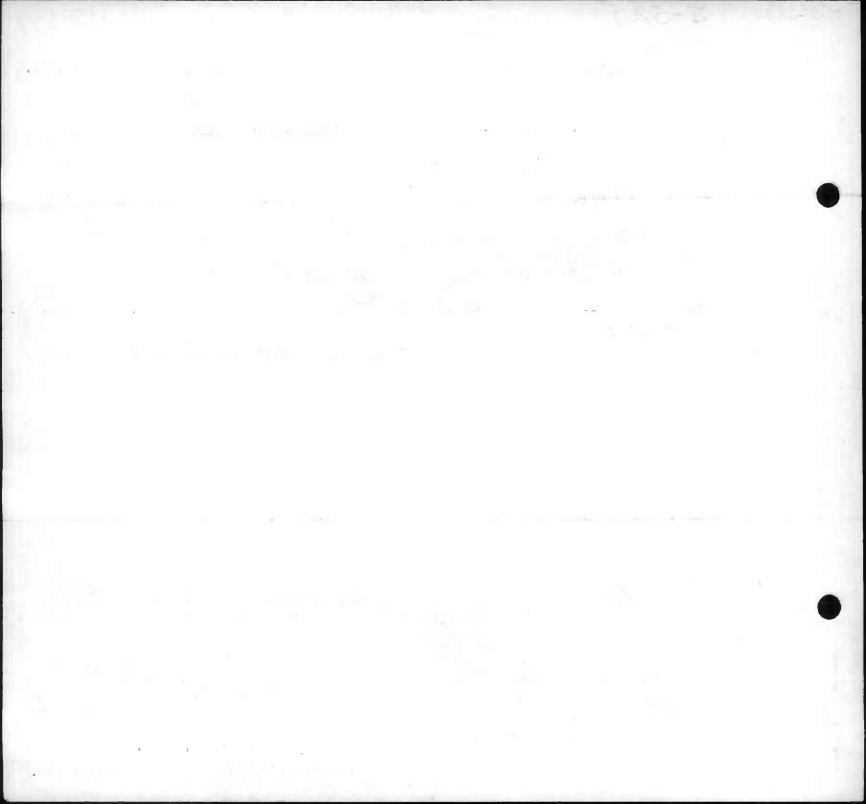
T 450 07 +41	BALTIMORE CITY	HEALTH DEPARTMENT		67 11582
BIRTH NO. 67 115	CERTIFICA	TE OF DEATH	Registered Na.	01 11000
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  Maleian	albert	2. DATE AN HOV	- 29 19	6: 49/
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When A. STATE B. COUN	e deceosed lived tf i	institution: residence before admission)
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ian, give street	C. CITY OR TOWN - (II out	side city limits write	RURAL and give township)
INSTITUTION	11-200	Bollino	ie	1-06
35 church Horse of	Hoghen		loberra	n St.
	Med. DIVORCED (specify)		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or larei	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Julean	OMETIVE	14. MOTHER'S MAIDEN NAM	Chul	
5. Was Decosed Ever in U. S. Armed Forces? Yes, na ar unknown) (If yes, give war ar dates at servi	16. SOCIAL SECURITY NO. 216-10-1539	Jauro Ju	lesie	221 S. Roberson
18.420,11	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	An	ite Alyonar	eiof Del	
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise			J	
injury ar camplication which caused death.)		rioschiotie	Carlier	iscular Person
DISEASES OR CONDITIONS, if any, gi	DUE TO			
rise to the above cause (A) stating UNDERLYING CONDITION last.	.4	***************************************		
11	<del> </del>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
21D. TIME (Manth) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not Whi Work At Work		14	2. 20 1-
22. I certify that (I) (this hospital) attend	7/11	1000	967 to 10	w. 29 1967
that (I) (we) last saw the deceased alive			at in (my) (aur) ap	inian death accurred an the dat
and haur and fram the causes stated abov 23A. SIGNATURE	e. (I) (We) (did) (did not)	view the bady after death.		23B. DATE SIGNED
gifu	arey M.D. Att	ending Med. Director	Stoff Phys.	11/29/67
23C. PHYSICIAN'S NAME (Type) NEWITA L. SUAK	i=7 M.D.	23D. ADDRESS	me of	Hospital
24A. BURIAL CREMATION, 248. DATE 24	C. NAME at CEMETERY of CR	EMATORY 24D. LC	OCATION (C	City, tawn, or county) (State)
Burial 12-2-67	Dak Lawn (	emetery B	altima	re Md.
	ME OF REGISTRAR	Nicholds T	Ma++	hews ADDRESS
VS 150-REV. 1/1/65	, starley MA	3021 Fa	stern A	ve Baltimore, 1
			A.	

as bedones it 20 27 11 mb James Janes Work Same pool of the same Array many thinks .

	C-525		HEALTH DEPARTMENT	. /	OFFICE
В	IRTH NO. 67 113	583 CERTIFICA	TE OF DEATH	Registered No.	67 11583
	A.E. CASE NO.	CERTITICA			
	NAME OF DECEASED  Type or Print) WILLIAM CO	IRTIS CON	1 - 1	OV 67	1130
3	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceosed lived. If insti	itution: residence before odmission)
Н			A. STATE B. COUNTY	WASHING	TONIC
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) INSTITUTION	ion, give street			RAL ond give township)
de la	UNIV. OF MO.	Hos	/ V / -	TOUN	71-03
16				rol, give location)	
			<del>                                     </del>	ESTNUT	
5		MARRIED  MARRIED  MARRIED  MARRIED  MARRIED  MARRIED  MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 10 B. KINI one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
"	FLAGMAN	R.R.	ADAMS CO.	Pa:	USA
1	3. FATHER'S NAME	•	14. MOTHER'S MAIDEN NAM	E	
	WILLIAM J. CO	ONDON	NORA F.	SEASE	
10	S. Was Deceased Ever in U. S. Armed Forces? es, no ar unknown] (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO ****	214-09-5124	MRS. LILLIAN Y	. condon, 93	2 CHESTNUT STREET,
1	18. 204 31	CAUSE O	F DEATH	HA	GERSTOWN MARYLAND
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	(A) /1	EUTE LYMPHOC	YTIC LEUKE	ny 9 Mor
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise				t e
	injury or complication which coused death.)	(8)	EUKOPENIA	4	7-TMonth
	ANTECEDENT CAUSES	505 10	***************************************		
	DISEASES OR CONDITIONS, if ony, girise la the above cause (A) stoting	Ihe (C)	THROMBOCYTO	OPENIA	7- 1 11
	UNDERLYING CONDITION Iosi.			**************************************	/
	, II				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)]	208. IF YES, WERE FIN	IDINGS CONSIDERED
	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		7	IN CERTIFYING CAUS	ES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If in Boltimore (	City, give exact locations
	DEATH (notify medical examiner)	home, laim, factory, street, of	nice biag., INJURI OCCUR:		
	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
	OF INJURY (APPROX.)	While At Not While Work At Work			
	22. I certify that (I) (this hospital) attend			162 4 //	- 2 8 19 62.
	that (I) (we) lost sow the deceased alive		19 6 7 and that	in (my) (our) opini	an death accuracy on the data
	ond hour ond from the couses stoted obov			in (my) (our) opinio	on deorn occurred on the dote
	23A. SIGNATURE	e. (I) (me) (ala) (ala not) v	riew the body offer deofh.	ie i	3B, DATE SIGNED /
	Com on Me	M.D. Atte	ending Med. S	Iolf hys.	11/28/67
	23C. PHYSICIAN'S		s. Director Pt	hys.	11/21/4/
	NAMETYPE STANLEY	MUSIC M.D.	% UNI	v. and	. MOSP
2	4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	EMATORY 24D. LO	CATION (City,	town, or county) (State)
	BURIAL 12/1/67	מביכי שאורפאו מפאופיו	PEDV HACE		
2		REST HAVEN CEMET	25C. FUNERAL DIRECTOR	RSTOWN, WASH	H. CO. MARYLAND.  ADDRESS
	DFC 4 1967 (20 6-9	Fr. On MA	CHARLES M POU	ZER HAGER	STOWN MARYLAND
V	S 150-REV. 1/1/65	ACCOUNT OF	TOTALLES IT. NOU	TAULE	MARY LAND.

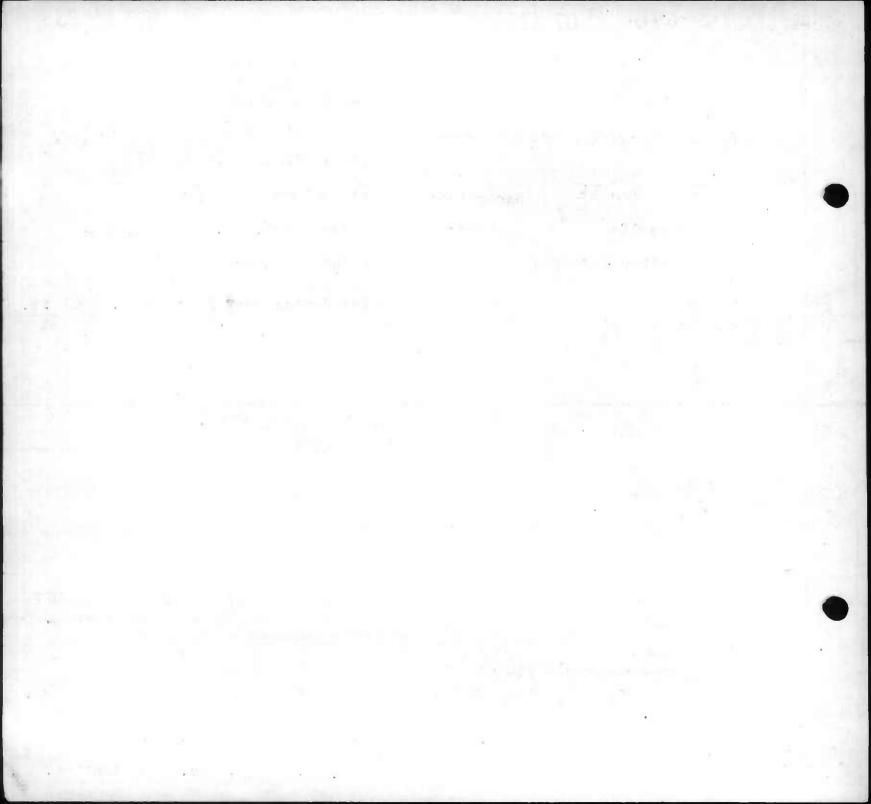


VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNER	This certificate must be approved by the chief the body was released to the hospital by a m shows: (1) An accident of any nature; (2) Body was D.O.A. at a hospital (except where the p deceased prior to death); and (6) No physicial written approval must be obtained before the

7	3-64	1	CM .	11585	BALTIMORE CIT	HEALTH DEPARTMENT		67 11585
BIRT	CASE NO.	O	Q.f	LILOGO	CERTIFICA	TE OF DEATH	Registered No.	0,1 4,4,000
1, NA	AME OF DEC		TTIE	C. P.	URRELL	2. DATE	DEC. 196	1 18-10 P.M.
3. PL	ACE OF DE	ATH IN BALTI	MORE, MARY	LAND		4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If is	nstitution: residence before admission)
	JLL NAME C		in hospital ar	institution, g	ive street	MARYLA		
	MODITITION			2001	TAI	BALTIM		RURAL and give township)
0	LU11	HERA	N M	0241	IAL	D. STREET ADDRESS	(If rural, give location)	2-
						*	NTPAUL	ST.
5. SE	F	WHIT	E	Sepa	never Married , DIVORCED (specify) rated	7-20-88	9. AGE (In years lost birthday) 79	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10À. done	during most of	UPATION (Give working life, eve W116	kind of wark 10 n if retired)			11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY?
				H	ome	Baltimor	•	U.S.A
13. F	ATHER'S NA	me ter Me	mad4+1			14. MOTHER'S MAIDEN N		
						Mary Wal	re1.2	
(Yes,	no or unknown	(If yes, give			16. SOCIAL SECURITY NO.	17. INFORMANT	7)	ADDRESS
	No						Burrell 13	301 St. Paul \$t.
	18. 44	3 X	UMON BIRE			OF DEATH	1	ONSET AND DEATH
	DISEA	SE OR COND		CILY	CPA	rebral Ha	emmorhe	age 24 hours
		nol meon the asthenio, etc			DUE TO		*******************************	
		nplication whi						
1		ANTECEDEN	CAUSES		(B)	A		1
		OR CONDITI			in H.	be stompin	e C.V.D	2 years
		G CONDITIO		in i	N.			
TION	TO THE D	IFICANT CON DEATH BUT	NOT RELATE	NTRIBUTING D TO THE	Buenc	hial Ast	thina	
CA		CONDITION	198. CONDI		HICH OPERATION	20A. AUTOPSY? Was or		FINDINGS CONSIDERED
RTIF	0		WAS PERFO	RMED		NO	IN CERTIFYING CA	SUSES OF DEATH?
7	OR CONTRIBL	NT WAS UND UTING CAU medical exam	SE OF	21 B. hometc.)	e, form, factory, street, o	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)
	21 D. TIME OF INJURY	(Month) (De	oy) (Yeor)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
>	(APPROX.)			Whi Wor	le AI Not Whi			
22. 1 certify that (1) (this hospital) attended the deceased from 11-30 - 1967 to 12-1- 1967,								
1	that (I) (we)	last sow th	e deceased	alive an	12-1-	1967 and	that in (my) (aur) ap	Inian death occurred an the date
and haur and fram the causes stated above. (1) (We) (did) (did nat) view the body after death.								
23A. SIGNATURE 23B. DATE SIGNED								
Lakaudhun Veha M.D. Allending Med. Stoff Phys. Director Phys. V 12-1-61								
	PHYSICIA NAME (1	TAK	ADDI	DIN	VERA M.D.	23D. ADDRESS	an Hoo	Sital Balto
24A.	BURIAL CRE	MATION. 24B	DATE	24C. NA	ME of CEMETERY OF CE			ity, town, or county) (State)
	Buria		2/5/67	Mt	. Olivet Co	em.	Baltimore,	Md.
25A.		BY HEALTH	Poles		F REGISTRAR	JOHN F. D		715 Light St.
VS 1	SO-REV. 1/1/	65			*			



11586

	6.7 11586 BALTIMORE CITY HEALTH	h /
BIRTH NO.	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH Registered No.
M.E. CASE NO.		
1. NAME OF DECEASED	DATES C DOUT DO	2. DATE AND HOUR PRONOUNCED DEAD

M.E. CASE NO.						
1. NAME OF DECEASED (Type or Print)	AT DIE G BOUT DG	2. DATE AND HOUR PRONOUNCED DEAD				
	ALPH G. ROWLES	December 3, 1967 7:40 P.				
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR ADDRESS OR LOCAL ADDRESS OR LOC		Maryland C. CITY OR TOWN (If outside carparate limits, write RURAL and give towaship)  Baltimore D. STREET ADDRESS (If rural, give location)  2803 Eastshire Drive				
00						
5. SEX 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Married	12 22 1891   lost birthdoys   Months Doys Hours Min.				
dane during most of working life, even if retired Miner		Pa. 11. BIRTHPLACE (State or foreign country)  Pa. 12. CITIZEN OF WHAT COUNTRY?  USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
A. C. Row	les	Lydia Unknown				
15. WAS DECEASED EVER IN U.S. ARMI (Yes, no ar unknown) (If yes, give war ar do		17. INFORMANT ADDRESS				
No No		Family Same SE OF DEATH INTERVAL BETWEEN				
(This daes not mean the mode head failure, asthenia, etc. II mea injury or camplication which coused antecepent CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT INDISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT INDISEASE OR CONDITION CAUSING WAS PICE.	A death.)  SES  ANY, GIVING DUE TO STATING THE TO S	cardiovascular disease				
WAS P	ERFORMED	IN CERTIFYING CAUSES OF DEATH?				
27A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in ar about 21C, WHERE DID (If in Baltimare City, give exact la hame, farm, foctory, street, office bldg., INJURY OCCUR?						
OF INJURY (APPROX.)	while AT NO.	T WHILE WORK				
22. I certify that I held on resulted from: Natural of ACTUAL SIGNATURE EXAMINER'S Charl NAME (Type)  23A, BURIAL CREMATION, 23B, DATE	Accident Suic	CHIEF MEDICAL EXAMINER DATE SIGNED  D. ASSISTANT MEDICAL EXAMINER December 4, 1967				
REMOVAL (Specify)						
Burial 12 7	67 Sunset	Sophia, W. Va.				
24A. DATE REC'D BY HEALTH DEPT.  VS 151-REV. 1/1/65	Cos C. Fally	Mc Cully 237 Pat. Ave.				

6 A A

Mark Value of Local 

BIRTH NO.

## 67 11587 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11587

_	CASE NO.									
1. NAME OF DECEASED (Type or Print)				2. DATE AND HOUR PRONOUNCED DEAD						
CLARENCE BARLOW				December 3, 1967 5:30 a M.  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  B. COUNTY						
S. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  CFR TIFICATE  FOLL WAME OF THE OF INSTITUTION, SIVE STREET			Maryland							
HOSPITAL OR ADDRESS OR LOCATION) 3-18-68			C. CITY OR TOWN (If outside corporate limits, write RURAL and sive learnship)							
00			Baltimore 21225  D. STREET ADDRESS (If rurol, give locotion)					_		
923 Mayadon Ct. D.O.A.			923 Mayadon Ct.							
5. SEX		6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT		9. AGE (In years lost birthday)		1 Yr. If Under 24 Hi Days Hours Min.	
Mal		White	Marri		May 19.	1908	59			
			10B. KIND OF	BUSINESS OR INDUSTR	YII. BIRTHPLACE	(State or foreign	country)	12. CITIZI WHA	N OF T COUNTRY?	
done during most of working life, even if retired)   Painter (Ret.) Bichoff & Co.			off & Co.	West Virginia U.S.A.						
13. FAT	HER'S NAM	E			14. MOTHER'S A					
	1:15	lliam Rar	low		Emil	v Rooth				
15. WA	S DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	<del>y                                    </del>	- 1	ADDRESS	orchard Av	0
No	or onknown.	(If yes, give war or date	3 01 36141667	Unknown	Mn Van	neth R.			Balto. 25,	
18.	10	Motis			E OF DEATH	iseli K.	Darrow (20	1117	INTERVAL BETWEEN	_
	E 91	6.01			n Monoxio	de Poison	ing		ONSET AND DEATH	
	DISEAS	E OR CONDITION DI LEADING TO DEATH			Degree 10					
	(This does n	not mean the made of asthenia, etc. It means	dying, e.g.,	DUE TO	2003.10	O 16 LD CLEAR				
	injury or con	mplication which caused	de ath.)							
	Δ	NTECEDENT CAUSE								
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B) DUE TO			***************************************		- 11 12 12 12 13 14 15 15 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	•••
	RISE TO THUNDERLYIN	E ABOVE CAUSE (A) ST IG CONDITION LAST.	ATING THE					2		
Z				(C)			***************************************			
I E		II								
		VIFICANT CONDITIONS DEATH BUT NOT RE								
E		OPERATION 198, CON		WHICH OPERATION	200 A AUTORS	V2 (V N-) 200	B. IF YES, WERE FIN	ID: CS C	ONCIDERED	***
E  '	)	WAS PER		WHICH OFERATION	YES	110	CERTIFYING CAUS	ES OF DE		
¥ 21 A	A. EXTERNA	CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21 C.	WHERE DID (IF			cotion)	-
EDIC	ING CAU	SE OF DEATH.	etc.)	, farm, factory, street,	office bldg., INJUR	RY OCCUR?			- 44/	
7	D TIME	(Month) (Doy) (Year	) (Hour) 2	Home	21E H	923 Ma	ayadon Ct.	- 24	3 407	_
OF	INJURY PPROX.)			VHILE AT NOT	MATERIAL E					
22.		12 3 67	3:50 max	VORK AT V	VORK X	Subject	in house	fire		_
22.		rify that I held an I	nquiry 🗌	Inspection Au	tapsy X ar	nd that an this	basis, death in m	y apinia	1	
resulted fram: Natural causesAccident X Suicide Hamicide Undetermined manner										
		2	11	1	CHIEF	AEDICAL EXA	MINER			
	ACTUAL DAY FOND TO ME SIGNED DATE SIGNED									
	SIGNAT			M. L		MEDICAL EXA				
	NAME (		F. Wil:	son, M.D.	ACCOUNTE.			cembe	r 3, 1967	
	URIAL CRE	MATION, 23B DATE		C. NAME OF CEMETERY	or CREMATORY	23 D. LO		town, or o		
1	VAL (Specify	12/6/6	7	Slen Havan M	empriel (	Dark Cl	en Burnie,	Mean	land	
1		BY HEALTH DEPT.		OF REGISTRAR		MAL PRECIOR	en purins,		DDRESS	- 7
		F ADOT	0 0	a . T. D. 10 .		L. Colon	Jun war		D	0.0
	B	FC b 14b/	16 Les 5	E. Farkeyna	51ng.	leton Fu	neral Home	3 1218	en Burnie,	M G
VS 151	1-REV. 1/1/	658 N9h	80		1 3 3	A A SE				V
		1 10								

D.O.A.

Was

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

of death Deceased

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attendance

BALTIMORE CITY HEALTH DEPARTMENT 67 11588 CERTIFICATE OF DEATH Registered Na. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Dec. 1, 1967

4. USUAL RESIDENCE | Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY (Type or Print) Florence G. Whittington death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If not in haspital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If autside city limits, write RURAL and give lownship INSTITUTION Baltimore prior D. STREET ADDRESS (If turol, give location 412 Hollen Road 412 Hollen Road regular made 5. SEX MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 9. AGE till lost birthday) 78 If Under 1 Yr. deceased Months Days WIDOWED, DIVORCED (specify) June 28, 1889 Female Cau. Widow 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE | State or foreign country) 12. CITIZEN OF isposition done during most of working life, even if retired) Homemaker Baltimore, Maryland At Home the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Stone Walter Gellespie OD 0 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL final (Yes, na ar unknown) (If yes, give war ar dates of service) gular attendance embalmed or fina 387-09-3148 D Mrs. Robert Platt, 6 Longwood Road No CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma recto-sigmoid (This does not mean the mode of dying, e.g., hearl foilure, astherio, etc. It means the disease, injury ar complication which coused death.) ANTECEDENT CAUSES DUE TO T. are DISEASES OR CONDITIONS, if ony, giving to the obave couse (A) stoting the 2 UNDERLYING CONDITION lost. the remains Was ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED Oct. 31, 1961 above fore No 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF å MEDICAL DEATH (natify medical examiner obtained 21 D. TIME (Hour) 9 (Month) (Day) (Year) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Nat While (APPROX.) At Work and 22. I certify that (I) (this hospital) attended the deceased fram October 1, 1961 that (1) (we) last saw the deceased alive an Nov. 29, 1967 eath) and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE Ö Med. Stoff 10 Director approval 8 prior 23C. PHYSICIAN'S 23D. ADDRESS at NAME IType A. S. Chalfant, M.D. 6210 York Road deceased written ap 24C. NAME of CEMETERY of CREMATORY 24A. BURIAL CREMATION, 248, DATE 24D. LOCATION REMOVAL (Specify) 12/4,/67 Burial

258, NAME OF REGISTRAR.

20 A. AUTOPSY? IYes or No. 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) to Dec. 1, 1967 Dec. 4, 1967 Dec. 4. 1967 Govans Presbyterian Cemetery Baltimore, Md. 6 Vernan Jammon 4611 Park Heights Ave.

If Under 24 Hrs.

WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a	×	A	لے	P	de
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193	000		Ö	as(	9
is	9	30	15	Ce	=
Th	the body was released to the hospital by a medical examiner. Also, if the direct or contributing car	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause;	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attend	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to	written approval must be obtained before the remains are embalmed or final disposition is made.
	П	T,			

-	, ,-1	67 11589 BALTIMORE CI	TY HEALTH DEPARTMENT	37 11500			
1	10 G 7 G	CERTIFIC	ATE OF DEATH Registered No.	67 11589			
	hospital and iuse of death; (5) Deceased dance on the odeath. Such	M.E. CASE NO.*  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
	- Ped -	(Type or Print) GRIMM, HAZEL R	12-4-67 4. USUAL RESIDENCE (Where deceased lived, If instit	12:12 A M.			
	of a di	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If instit	lution: residence before odmission)			
	osp nc lec	FULL NAME OF (If not in hospital or institution, give street	MARYLAND	1 a.C			
	a hos cause se; (5) endan	HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
		BON SECOURS HOSPITAL	GAMBRILLS 52-00				
	ting d cau r atte prior	) //	D. STREET ADDRESS (If rurol, give location)  ROUTE / BOX 72  8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.				
	d a d	04					
		5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs.			
	occur ontrik ermin regul eased is ma	Female CAUC. MARRIED  10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	12-13-16 50	10 6171011 05			
	or condete	done during most of working life, even if retired)		12, CITIZEN OF WHAT COUNTRY?			
IMPORTANT	direct of (4) Ur th was on the disposi	Housewife Own Home	MARY/AND	UNITED STATES			
		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
		HARRY SheRMAN	OptoN, Ethel				
		15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
	ssista the kind dea nce final	212-14-8948	John J. Grimm, same as 4				
	s as if any ced nda		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			
	Also Also e of noun atte	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	+ + . 1				
		(This does not mean the mode of dying, e.g., DUE TO	earl failure.	1 month			
	er. ctur pror	heart failure, asthenia, etc. It means the disease,	1 + 1 + 1				
OR:	lical examin cal examin ns; (3) A fra ician who icis in regul ains are em	ANTECEDENT CAUSES (B) //7	reumanic heart disease	2 Years			
7		DISEASES OR CONDITIONS, if ony, giving		12			
R		rise to the obove couse (A) stoling the (C) HUUNDERLYING CONDITION lost.	eart Failure. heumatic heart disease repatic Failure	10 days			
0							
A	edie bur bur hys	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
NERA	me dy bu phy cian	19A, DATE OF OPERATION 1198, CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN	IDINGS CONSIDERED			
Z	chie Bod the the ysic e th	WAS PERFORMED	NO IN CERTIFYING CAUSE	ES OF DEATH?			
F	6 2 e d 6	OR CONTRIBUTING   CAUSE OF   home, form, foctory, street,	, in or obout 21 C. WHERE DID (If in Boltimore Coffice bldg., INJURY OCCUR?	City, give exact location)			
		DEATH (notify medical examiner)					
	hospit nature ept wl d (6) N ained I	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not W	21F. HOW DID INJURY OCCUR?				
	> - w - 0 - 0	(APPROX.) While At Not Work At Work	ntie nk				
		22. I certify that (1) (this hospital) attended the deceased from	NOV 18 1967 to Dec	19.67.			
3	20	that (1) (we) lost sow the deceased alive on Dec 4 19 67 and that In(my) (our) opinion death occurred on the date					
	ast be a cased to dent of lospital death) must be	and hour and from the causes stated above. (1) (We) (did) (did nat) view the body ofter death.					
	eased ident hospit o dear	23A. SIGNATURE		3B. DATE SIGNED			
		for Coro	hys. Med. Stoff Phys.	12-4-67			
	was r An a L at c prior	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS				
	certificate body was i vs: (1) An a D.O.A. at ased prior ten approv	YONG CHO M.	Boll DECOULD ITON .				
	E SO S S	24A. BURIAL CREMATION, REMOVAL (Specify) 24B DATE 24C. NAME of CEMETERY of C	CREMATORY 24D. LOCATION (City,	town, or county) (State)			
	body ws: (1 D.O.	Burial 7 Dec. 67 Glen Haven Me	morial Prk Glen Burnie, I	Faryland			
	This certificate methe body was relishows: (1) An accivate Mas D.O.A. at a fecased prior to written approval	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
	F = 0 \$ 0 \$	DEC 5 1967 Reb E. talkeyna	Kirkley Funeral Home, Gler	n Purnie, 1d.			
		VS 150-REV. 1/1/65	The second secon				

occurred

deoth assistont if IMPORTANT the chief medical examiner FUNERAL DIRECTOR: 6

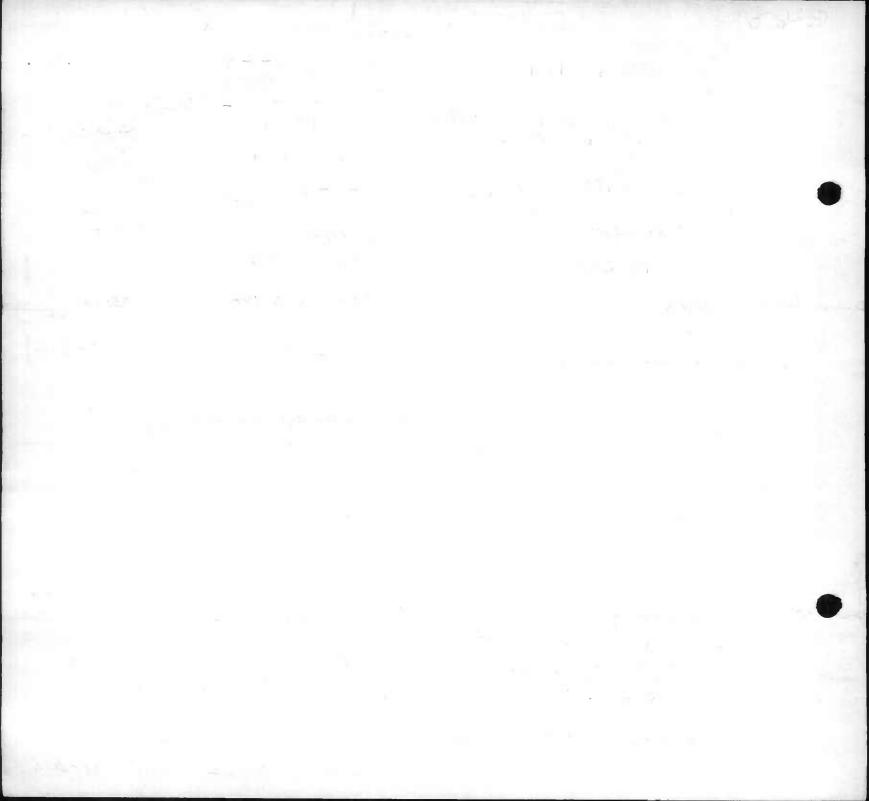
approved

BALTIMORE CITY HEALTH DEPARTMENT 67 11590 CERTIFICATE OF DEATH Registered No. Such rect or contributing cause of death (4) Undetermined cause; (5) Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) PICC On , GERTRUDE MARGARET 67 death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) once COUNTBALTIMORE (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) ottend BALTIMORE CITY HOSPTTALS 0 BALTIMORE 4940 EASTERN AVENUE Baltimore Maryland 21224 prior D. STREET ADDRESS (If rutol, give location) 36 PELGZAR AVENUE in regular pom 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE .... 9. AGE (In years 6. RACE If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) Hours 7-17-16 FEMALE WHITE disposition is 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) MARYLAND U.S.A. UNION TRUST CO WOS the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH SEITZ MAGDALENE HAGAN death uo 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL or finol (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. RECORDS: BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE 249 attendance 212-10-2478 MARYLAND MD UNK fracture of any pronounced CAUSE OF DEATH INTERVAL BETWEEN al ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH chowe afetucture pulmassey, (This does not meon the mode of dying, e.g., 10 heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) regul EH who ANTECEDENT CAUSES are 4 DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the physician UNDERLYING CONDITION lost. the remains burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or Na) the WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (except where 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) to the hospital °Z MEDICAL DEATH (notify medical exominer etc.) any nature; obtoined (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not White (APPROX.) pub Work Al Work 22. I certify that (1) (this hospital) attended the deceased from death); that (1)/(we) lost sow the deceased alive on ond that in(my) (our) opinion death occurred on the date of o hospitol and hour and from the causes stated above (1) (We) (did) (did not) view the body after death. wos releosed must accident 23A. SIGNATURE 23B. DATE SIGNED Atlending Phys. Med. 0 Director opproval 23C. PHYSICIAN'S 23 D. ADDRESS prior **EASTERN** to NAME (Type) An IMORE MARYLANI M.D. 40SPITAC D.O.A. Ξ 24A. BURIAL CREMATION, 24B. DATE eceased 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) the body REMOVAL (Specify) written shows: SD M 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT 25C. FUNERAL DIRECTOR ADDRESS 0 300 MACE VS 150-REV, 1/1/65



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death characters, (1) An accident of any nature. (2) Reds hinner (3) A fraction of any kind. (4) Undetermined causes (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

	BALTIMORE CITY	HEALTH DEPARTMENT	C7 41504
	BIRTH NO.  M.E. CASE NO.  67 11591 CERTIFICA	TE OF DEATH Registered No.	67 11591
	1, NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	2:20A •M
	3. PLACE OF DEATH IN BARTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased fived. If insti	
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR Oddress or location) INSTITUTION JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside city limits, write RU	RAL ond give township)
	BALTIMORE, MD 21205	D. STREET ADDRESS (If rutol, give locotion)	53-00
<u>.</u>	33	112 VICTORIA ROAD	
E	MALE 6. RACE WHITE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH  9. AGE (In years lost birthday)  54	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
on is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working lite, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SIT	S-IREMAN 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	USA
disposition	WILLIAM CRUM	SARAH MURPHY	
5	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
final	UNK	ESTHER ERUM	ABOUE
5	1621	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	LIAMENT VINA CAVA CV-10204	E 4 WEEKS
embalmed		UPERYOR VENA CAVA SYNDROM	
pq	hearl failure, asthenia, etc. It meons the diseose, injury or camplicatian which coused deoth.)		
	ANTECEDENT CAUSES (B)		
are	DISEASES OR CONDITIONS, if ony, giving	OPLASM - (BRUNCHOGENICCA	1 ?
1	underlying condition lost.	Jest City Steer City	<b>)</b>
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
0	DISEASE OR CONDITION CAUSING IT.	[20 A. AUTOPSY? (Yes or No)] 20 B. IF YES, WERE FIL	NDINGS CONSIDERED
e the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	YES IN CERTIFYING CAU	SES OF DEATH?
before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	in or about 21 C. WHERE DID (If in Baltimore	City, give exact location)
ained	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY  (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Whi		
btai	Work At Work		EC 3 1967.
0	22. I certify that (1) (this haspital) attended the deceased fram that (1) (we) last sow the deceased alive on DEC 3		
9	ond hour and from the couses stated above. (1) (We) (did) (did not)		
must	23A. SIGNATURE		23 B. DATE SIGNED
D L	Saul Trained M.D. At	Med. Stoff Phys.	12/3/67
approv	JACK S. BRANDES M.D.	JOHNS HOPKINS HOSPIT	
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CE	EMATORY 24D. LOCATION (City	, town, or county) (State)
e		CEM BALTO. ME	>
written	DEC 5 1967 P. Ose, & E. Jankery	2SC. FUNERAL DIRECTOR  J.G. CONNELLY S	ADDRESS
	MA NO NEW 1/1/45	U.U. CUNNELEI 3	UNS SUUTIFICE



	DE 44500 BALTIMORE CITY HEALTH DEPARTMENT				
11	CERTIFICATE OF DEATH Registered No.				
1 <b>, N</b> . (Тур.	AME OF DECEASED  S or Print)  N. SEBASTIAN RSM (CLARK)  1 DEC 67  A. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)  A. STATE  B. COUNTY				
H	ULL NAME OF (If not in hospitot or institution, give street oddress or location)  (If not in hospitot or institution, give street oddress or location)  (If not in hospitot or institution, give street oddress or location)  (If not in hospitot or institution, give street oddress or location)  (If not in hospitot or institution, give street oddress or location)  (If not in hospitot or institution, give street oddress or location)				
-	Mercy Hospital D. STREET ADDRESS (If rytol, give location)				
5. S	EX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost bindown) 1. Months Doys Hours Min.  WIDOWED, DIVORCED (specify) 6-2-99 ost bindown Doys Hours Min.  USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF				
done	during most of working life, even if retired)  Lesi S; ous Sister of Mercy  Athers Name  14. Mothers Maiden Name				
15, 1	Nas Deceased Ever in U. S. Armed Forces?  No or unknown) (If yes, give wor or dotes of service)   16. SOCIAL  SECURITY NO.   17. INFORMANT   1				
	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the diseose, injury ar complication which caused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) staling the UNDERLYING CONDITION lost.  CAUSE OF DEATH  (A) METASTRATIC CARCINOMICA SI-CHECK ONSET AND DEATH  (C)  UNDERLYING CONDITION lost,				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
L CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED BY CONTRIBUTING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?				
DIC	DEATH (notify medical examines)  21D. TIME (Month) (Doy) (Year) (Hour)  OF INJURY (APPROX.)  OR INDICATION OF THE PROXIMAL OF				
	22. I certify that (1) (this hospital) attended the deceased from 5000 1967 to 1000 1967, that (1) (we) lost sow the deceased alive on 1000 1967 and that in (1) (our) opinion death occurred on the date				
	ond hour ond from the couses stoted obove. (H) (We) (did) (did not) view the body ofter deoth.  238, DATE SIGNED  Attending Med. Director Stoff Phys.  230. PHYSICIAN'S NAME (Type)				
24A	SALUATORE 1 SONOHUE MERCY HOSPITAL  BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)				
2SA	BURIAL 12/4/67 MT. ST. AGNES CONVENT BALTIERE, MD.  OEC 5 1967 PLUS E. ST. AGNES CONVENT BALTIERE, MD.  2SC. FUNERAL DIRECTOR ADDRESS  H.W. MEARS & SON 805 N. CALVERT ST.				

Stella Maris Hospice Meecy Acspras minima by 9 Kelisons ... Mary land 1 = 9 Missey A Kurt John G. Clark The state of the s

2	BIRTH NO.  M.E. CASE NO.  BIRTH NO.  CERTIFIC	TY HEALTH DEPARTMENT 67 11593
and the same of	BIRTH NO. CERTIFIC	ATE OF DEATH Registered No.
=	M.E. CASE NO.  1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	(Type or Phyliphomas C. Reed	12-3-67 6:00 A.M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
		A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	Maryland
	INSTITUTION	Baltimore
4		D. STREET ADDRESS (If rural, give location)
1	Maryland General Hospital	310 N. Fulton Are
9		
0	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	last birthdov) Months Doys Hours Min.
S	Jeparated Separated	8-31-27 40  (RY 11) BIRTHPLACE (State or foreign country) 12, CITIZEN OF
-	IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	WHAT COUNTRY?
9	Imemployed	Washington: D.C. U.S.
OSI	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
dispositio	Thomas Reed	Helen Wilson
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
tina	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	1 0 - 4
=	Yes 212-22-181	
0	391X	elinanay ellina interval between onset and death
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	chisman estima
E I		approximately
pa	heart foilure, asthenia, etc. It means the disease, injury at complication which coused death.)	months in Continuously Disease Lyears
E	ANTECEDENT CAUSES (B)	KNOWN
0		Conerulorephitis
are	DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the (C)	and the control of th
ns n	UNDERLYING CONDITION last.	
remains	II .	
F	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
0	DISEASE OR CONDITION CAUSING IT.	20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED
÷	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
before the	1) 21 A ACCIDENT WAS LINDERLYING 218 PLACE OF INITIBY (6.	p. in or about 21 C. WHERE DID (If to Boltimore City, give exact location)
9	OR CONTRIBUTING CAUSE OF CONTRIBUTING ACCOUNT (notify medical examine)	office bldg. INJURY OCCUR?
	U	
e	OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
btained	(APPROX.) While At Work At W	
pto	22. I certify that (I) (this hospital) attended the deceased fram	10 - 20 196 1 to 12 - 3 19 67.
0	that (I) (we) last saw the deceased alive on 12	3 19 6 7 and that in(my) (our) opinion death accurred an the date
Ď	and haur and fram the causes stated above. (1) (We) (did) (did no	Name and Administration of the Administratio
must	23A. SIGNATURE	23 B. DATE SIGNED
E	11 10 ' Y /2 11' M.D.	Attending Med. Sloff 12-3-67
approval	23C. PHYSICIAN'S	Phys. Director Phys. 23D. ADDRESS
ō o	NAME (Type)	Manufacid General Hospital
dd	WILLIAM L. BODDIE M	
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF REMOVAL (Specily)	CREMATORY 24D. LOCATION (City, town, or county) (Stote)
6	BURIAL 12- BALTIMORF	NAT. CEM. 5501 FREDERICH-BALTO. MD
written	25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
₹	TEC 5 1067 A R & C TAR	MARCARETTA B. BROWN -3106 WALBROOM AVE
	V\$ 150-REV, 1/1/65	THE PARTY OF THE P



BALTIMORE CITY HEALTH DEPARTMENT

ERTIFICATE OF DEATH

BIRTH NO.

M.E. CASE NO 1. NAME OF DECEASED

VS 150-REV. 1/1/65

the

Registered No

2. DATE AND HOUR OF DEATH



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, such weitten approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

67 11595 BA	TIMORE CITY HEALTH DEPARTMENT		67 41505
BIRTH NO.	RTIFICATE OF DEATH	Registered No.	01 11030
M.E. CASE NO.  1, NAME OF DECEASED	2. DATE AN	ID HOUR OF CEATH	
	Nilliam 12-1-		$\rho$
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		re deceased lived. If institut ITY	ion; residence before admission)
FULL NAME OF (If not in hospital or institution, give street	md.		
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If ou	tside city limits, write RURA	L ond give township)
1	Balta		6
1500 1500	O. STREET ADORESS (IF	rurol, give location)	
5. SEX   6. RACE   7. MARRIED, NEVER M	60/3.Fa	57 AVE	
5. SEX 6. RACE 7. MARRIED, NEVER M WIOOWED, DIVORCE		9. AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs. nths Ooys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND-OF BUSINESS	OR INOUSTRY 11. BIRTHPLA CE (Stole or fore	ign country) 12	CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	1 Daltimoi	e md	11
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	- / /	imerica, USA
(3,,,,,,,,	11-		
15. Was Occeased Ever in U. S. Armed Forces? 16. SOCIA	L 17. INFORMANT	95	ADDRESS
	RITY NO.	11.	
Navy Merchant Marines 2	17-38-2389-	ughter	4:
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	/	ONSET AND DEATH
LEADING TO DEATH	Throughouse of allow	in land	dans
(This does not mean the made of dying, e.g.,	DUE TO	- + 4.4	
hearl failure, osthenia, etc. 11 means the diseose, injury ar camplication which coused death.)	w. Tempera	Les . 6001	A
ANTECEDENT CAUSES	(B) Arteroceliro	seg, centrallyed	years
DISEASES OR CONDITIONS, if any, giving	0017.0	, ,	/
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	# # # # # # # # # # # # # # # # # # #	
II II			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	00	1.0	Ô
	Adenotarements of	coton	west.
198. CONDITION FOR WHICH OP WAS PERFORMED  U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF	ERATION 20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
214 ACCIDENT WAS LINDERLYING 218 BLACE OF	Yes	yes	
	FINJURY (e.g., in or obout 21 C/WHERE DID ctory, street, office bldg., INJURY OCCUR?	(If in@Boltimore City	r, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY C	CCURRED 21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.) While At	Not While At Work		
22. I certify that (I) (this hospital) attended the deceas		19 67 to DEC	1967.
	PH DEC ) 19 67 and th	at in (my) (aut) aninian	death annual on the date
and hour and from the causes stated abave. (1) (We) (di	d) (did ===)tarab = b = 1tard ===1	ar m(my) (aor) apiman	death accorred an the date
23A. SIGNATURE	d) (did hat) view the bady offer death.	1238	DATE SIGNED
1 to stary	M.D. Attending Med.		EC 1 67
23 C. PHYSICIAN'S	Phys. Director 23D. ADDRESS	Phy s.	720 1 0 /
NAME (Type)	M.D.		
24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CE		OCATION (C)	45
REMOVAL (Specify)	24B. L	OCATION (City, to	wn, or county) (State)
12mal 12-56/ Holy	cosary 1/1	W.C	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTR	here the	11 2	2 (8 Gudage
	Thelma d. He	Tomacon Oc	Be
VS 150-REV. 1/1/65	- N 1 2 1 K		

	This certificate must be approved by the chief medical examiner or his assistant if death	the body was rejeased to the nospital by a medical examiner. Also, if the diffect of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Under	was D.O.A. at a hospital (except where the physician who pronounced death was in	deceased prior to death); and (6) No physician was in regular attendance on the dec
L N	nt if	(4) (4)	rh w	n th
RTA	ssista	kind	dea	nce o
APO	his a	f any	nced	enda
- I	Pr or	Ure o	ronou	Ir att
TOR	mime	frac	ho pi	pluge
FUNERAL DIRECTOR: IMPORTANT	oxe le	(3) A	W UE	in
AL D	edice	urns;	ysicie	Was
VER	nief m	ody b	he ph	siciar
FU	the ch	(2) B	ere t	phy:
	d by	ture;	t wh	6) No
	Prove	חפ חלר אך חמ	xcep	) puo
	dp e	of a	tal (e	+h);
	ust b	ident	hospi	o dea
	ate m	as re	at a	rior t
	rtific	¥ (E) :	.O.A.	sed p
	his ce	hows	Vas D	eced
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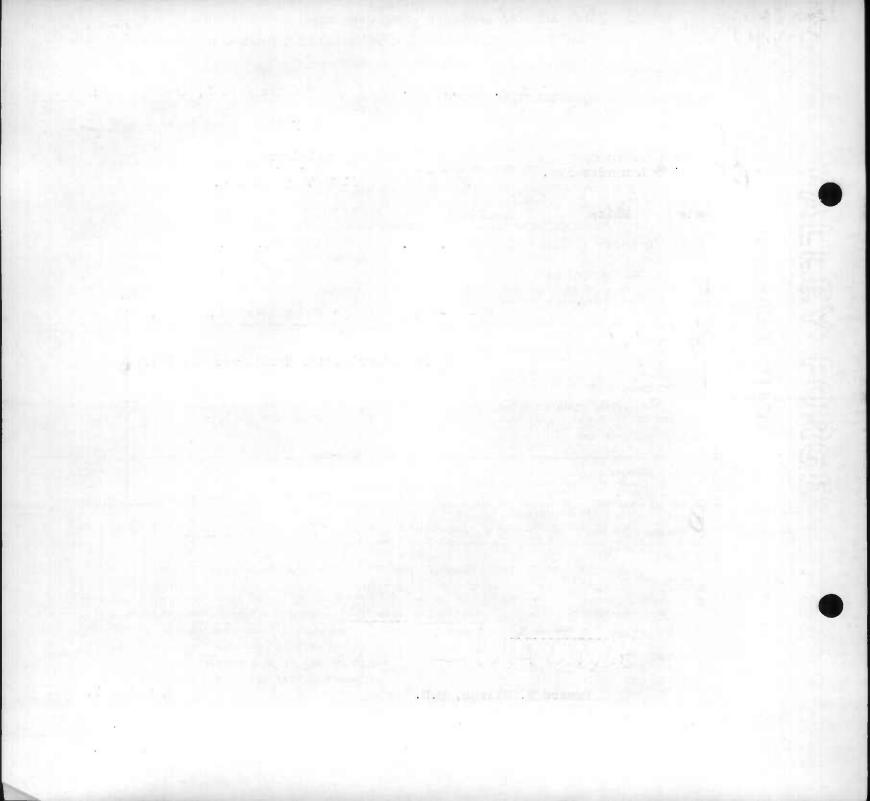
e-ulia		BALTIMORE CITY HEALTH DEPARTMENT	/Diev.
2-415		BIRTH NO.  M.E. CASE NO.  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No.  CERTIFICATE OF DEATH	67 11596
at at	1	I. NAME OF DEGEASED: 2. DATE AND HOUR OF DEATH	
de de con		JAMES X. SELVAGGI /2/1/67	1000 PM.
hospital cuse of de ; (5) Deceadance on	3	B. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. If institute A. STATE 8. COUNTY	ution: residence before admission)
se se (5)		FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)  CCITY OF TOWN (If outside city limits, write PLIP)	
n a hog cause use; (5) tendan		INSTITUTION WITE ROLL	AL and give tawnship)
l in a ng cau cause; attend	3	MERCY HOSPITAL, INC. BALTIMORE D. STREET ADDRESS (If rural, give location)	0 41
70	6	2819 BRENDAN AVE.	
occurred ontributing ermined regular	pou		Under 1 Yr. If Under 24 Hrs.
occur ontrik ermin regul	Is m	10A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 11, SIRTHPLACE (State or foreign country)	2 CITITEN OF
ath or co ndete in r	E G	dane during most of working life, even if retired)	2. CITIZEN OF WHAT COUNTRY?
9 0 L S	i i	Regiand Foreman Tailoring TTALY  13. FATHERS NAME  14. MOTHER'S MAIDEN NAME	? U.S.A.
if de rect o	9		
	dis	RHUMAS SELVAGO TULIA .  5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
TAN istant the di kind; death	0	Yes, no ar unknown) (If yes, give war ar dates at service) SECURITY NO.	
OZ 22 - E		217-05-8722A Margaret Pfister Selvac	ggi, wife, above
R: IMPOI ner or his as er. Also, if cture of any pronounced	o	DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
IM or h Also	med	LEADING TO DEATH	CHRONIC
R: Der o cture		(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	
OR: iner. actu	E P	injury or complication which caused death.)  ANTECEDENT CAUSES  (B) DIFFUSE CARCINOMATOSIS	41
DIRECTOR cal examine al examine s; (3) A fract ign who pr	0	ANTECEDENT CAUSES  (B) 11 1 1 2 3 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4	//
excex 3)	5	rise la the obove cause (A) stating the (C) PROBATILE CA OF PANCREAS UNDERLYING CONDITION last.	
medical burns; (bhysician	ains		
RAL DI medical medical burns;		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	0	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
chief Body the F	-	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINI IN CERTIFYING CAUSE 20A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore Ci	S OF DEATH?
FUN by ch 2) Bo	ore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore Ci	ity, give exact location)
== 0 = 0		OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  NO  hame, form, factory, street, office bldg., INJURY OCCUR?	
4027	O	21D. TIME (Manth) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While	
roved he hos ny natu	ain	(APPROX.)  While At Not While At Work	
prov the the h	obt	22. I certify that (I) (this hospital) ottended the deceased from 11/15/2 1967 to 12	19.6).
dpp to the fan fan (e)	0	that (1)(we) last sow the deceased alive on 12 1 19 47 and that in (my) (aur) opinia	n death occurred on the dote
st be a ased to lent of lent by	ts	ond haur and from the causes stated above. (1) (We) (did (did not) view the bady ofter death.	
7 4 0 =	-		B. DATE SIGNED
E 60 00 - +	. 0	B. Christy M.D. Attending Med. Director Phys. X  23C. PHYSICIAN'S   23D. ADDRESS	12/1/67
was re	pprov	NAME (Type)	
certificat body was vs. (1) An D.O.A. an	dd	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City.	town, or county) (State)
body ws: (1	L O	Burial 12/5/67 Holy Redeemer Cemetery Baltimore, Ma	
> 9	Ė	25A, DATE RECD BY HEALTH DEPTY / 125B, NAME OF REDISTRAR 125C, FUNERAL DIRECTOR	ADDRESS
This the show	*	Schimunek Funeral Home 3331 Brehms Lane	e, Inc.
	I E	VS 150-REV 1/1/65	

12.31 Salarata - Ja THE RESIDENCE AND THE 

67 11597

BALTIMORE CITY HEALTH DEPARTMENT	019
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Regist	ered No. 67 1159

M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
HENRY A. BRILL JR.	December 2, 1967   8:50 a m.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  INSTITUTION	C. CITY OR TOWN In outside corporate limits, write RURAL and give ownship)
3229 Lawnview	Baltimore
320% Longwiew Ave.	D. STREET ADDRESS III rund, give locotion) 322 Lawnview
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	3299 DONESTON AVe.   B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.
Male White married	8/9/1924 lost birthdoy! Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108 KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if relied) Truck Driver Marketing Ser. Co.	Baltimore, Md. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Brill	Hazel Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS
no 217-16-1378	Helen Green Brill, wife, above
IB. A D D L CAUSI	E OF DEATH INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH Arter	iosclerotic Cardiovascular Disease
(This does not mean the mode of dying, e.g., heat foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT · CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
9	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UTING CAUSE OF DEATH.	in or about 21C. WHERE DID (If in Baltimore City, give exact location)
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT AT V	WHILE WORK
22. I certify that I held an Inquiry Inspection Au	and that on this basis, death in my apinian
resulted from: Natural couses X Achident Suicia	de Homicide Undetermined manner
ACTUAL SIGNATURE SIGNATURE ALD M.D	CHIEF MEDICAL EXAMINER DATE SIGNED  D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	December 2, 1967
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	
	emorial Park Baltimore, Md.
DEC 5 1967 PLOS E Fallence	Schimunek Funeral Home, Inc. 3331 Brehms Lane
VC 161 DEV 1/1/45	JJJI DI CIINO DANC



death.

prior to

was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

Registered	Na	67	11598	7
Registered	Na	4	5	

BIRTH NO. 67	1598 CERTIFICA	TE OF DEAT	H Registered Na.	67 11598
M.E. CASE NO.  1. NAME OF DECEASED		2, DAT	E AND HOUR OF DEATH	
(Type or Print) Florence Ger	nevieve Aviles		Dec. 4, 1967	1 2.15 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLA			Where deceased lived. If in OUNTY	stitution: residence before admission)
FULL NAME OF (If not in hospitol or ins HOSPITAL OR oddress or locotion) INSTITUTION  US Public Health Service		C. CITY OR TOWN	Routside city limits, write I Baltimore	RURAL ond give township)
3100 Wyman Pk. Drive		D. STREET ADDRESS	(If rurol, give locotion) 2622 Kentucky	Avenue
	AARRIED, NEVER MARRIED (VIDOWED, DIVORCED (Specify)  Married	10/8/01	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
tion. USUAL OCCUPATION (Give kind of work) 108, done during most of working life, even if retired) Housewife a	t home	11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
William Powell		Bridget	Conrey or Co	onry
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no no	SECURITY NO.	Records- US	PHS Hospital,	Balto, Md.
18. 410 X I	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTI LEADING TO DEATH	(A) Pu	ılmonary edem	a	Hours
(This daes not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which coused deat	diseose,	tral stensoi:	S	Years
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, rise to the obove couse (A) state	T Professional Professiona Professiona Professiona Professiona Professiona Professi	neumatic hear	t disease	Years
UNDERLYING CONDITION lost.	000 A 000 A 000 A 000 A		10 0 M H O M H O O O O O O O O O O O O O O O	
NOTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING TO THE			
	ON FOR WHICH OPERATION	yes	or No.) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE D	ID (If in Baltimore R?	e City, give exact location)
21D. TIME (Month) (Day) (Yeor) (Ho	our) 21E. INJURY OCCURRED	21 F. HOW DIE	NJURY OCCUR?	
OF INJURY (A PPROX.)	While At Not While At Work			
22. I certify that (I) (this hospital) att				
that () (we) last sow the deceased al				nion death accurred on the date
and have and from the couses stated o	bove. (1) (We) (did) (did/1/01) v	iew the bady after de	ath.	
23A. SIGNATURE				23B. DATE SIGNED
Michael G. Kele	phys		Stoff Phys. X	12/4/67
230. PHYSICIANS NAME (Type) Michael E. Pelczar,	SA Surgeon (R) M.D.	US PHS Hosp	oital, Balto, M	ſd.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE			ty, town, or county) (State)
Burial 12/6/67	Baltimore Nat.	Cem.	Baltimore,	Md.

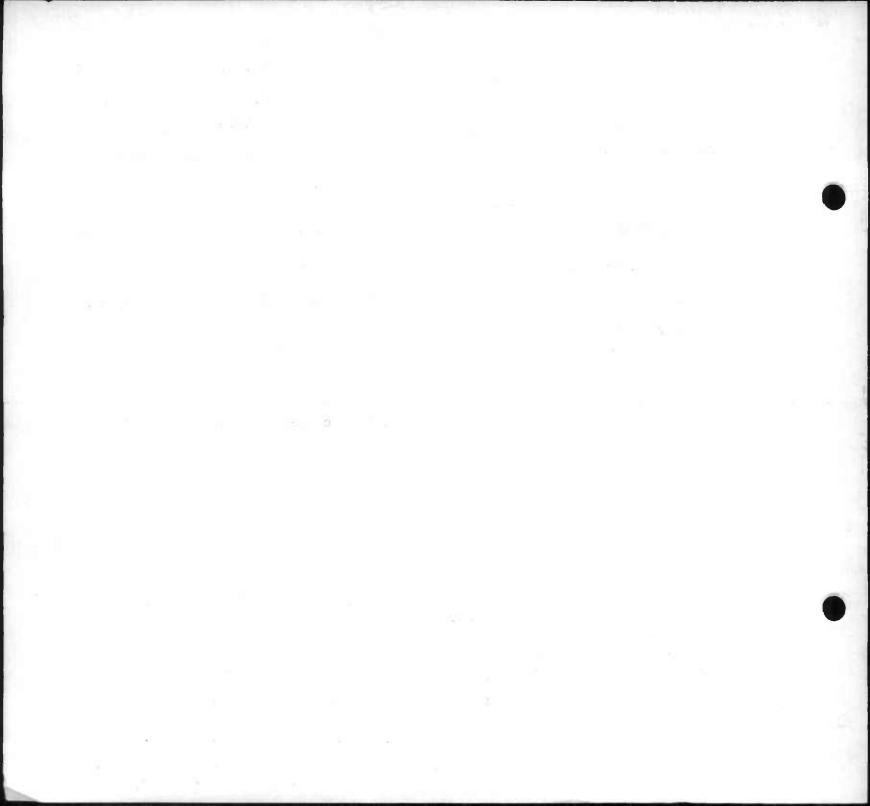
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25A. DATE REC'D BY HEALTH DEPT 25B, NAME OF REGISTRAR

VS 150-REV. 1/T/65

Baltimore, Md.

Schimunek Funeral Home, Inc. 3331 Brehms Lane ADDRESS



ANT	tant if death occurring direct or contribund; (4) Undetermine bath was in regular on the deceased	hand of acidion of his
IMPORT,	Also, if the resistance of any kinnounced de attendance	Inneal or fire
FUNERAL DIRECTOR: IMPORTANT	ate must be approved by the chief medical examiner or his assistant if death occurras released to the hospital by a medical examiner. Also, if the direct or contributing accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermine at a hospital (except where the physician who pronounced death was in regular rior to death); and (6) No physician was in regular attendance on the deceased	the second secon

I.NAME OF DECEASED   12—1-67   3:00 PM   3:0	I. AMARE OF DECEASED  I. PRICE OF DEATH IN BALTIMORE, MARKLAND  J. PLACE OF DEATH IN SALTIMORE, MARKLAND  2421 Welbridge Drive.  Balto. Md.  S. SEK  Balto. Md.  D. STREET ADDESS III uned. give location of the continuous many many many many many many many many	LANAME OF DETAINS   James 0. Gentry   12-1-67   3:00 PM   12-1-6	MAR CASE NO.    I ANAME OF DECEASED   2. ARE AND HOUR OF DEATH   3.100 PM	INAME OF DECRASED  INAME OF PARMI JEBBES O. Gentry  I. RACE OF DEATH IN BALTIMORE MARILAND  I. RACE OF DEATH IN BALTIMORE MARILAND  I. PULL NAME OF HOSPITAL ON SECURITY OF THE DESCRIPTION OF THE STORY OF THE SECURITY OF TH		OF 44 TOO BALTIMON	RE CITY HEALTH	DEPARTMENT		Citry	4 4 7 0 0
I.NAME OF DECEASED   12—1-67   3:00 PM   3:0	I. NAME OF DEETH   James C. Gentry   2. Date And Hour of Path   12-1-67   3:00 PM   3. PLACE OF DEATH IN BALTIMORE, MARKLAND   10. STATE OF TOWN   10. STATE OF DEATH IN BALTIMORE, MARKLAND   10. STATE OF TOWN   1	I. NAME OF DECASIO   James C. Gentry   12-1-67   3:00 PM   3-1-67   3:00 PM   3:	Litable of Detaal   Jemes C. Gentry   12-1-67   3:00 PM   12-1-6	LANAME OF DETAINED   Jemes C. Gentry   12-1-67   3:00 PM   12-1-	1	CLKIII	FICATE OF	F DEATH	Registered Na.	0.6	11233
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2421 Welbridge Drive.  Balto. Md.  D. STREET ADDRESS (If turol, give location)  2421 Welbridge Drive.  2421 Welbridge Drive.  S. SEX  Male  White  White  White  Min.  Married  Widoweb, Divorces (specify)  Jul 4 1884  82  12. CITIZEN OF WHAT COUNTRY?  USA  No Car.  13. FATHERS NAME  Robert T. Gentry  13. Was Deceased Ever in U. S. Armed Forces?  Welbridge Dr.  Widoweb, Divorces (specify)  N. Car.  13. FATHERS NAME  Indy Tranham  14. MOTHERS MAIDEN NAME  Indy Tranham  15. Was Deceased Ever in U. S. Armed Forces?  Welbridge Dr.  15. Was Deceased Ever in U. S. Armed Forces?  Welbridge Dr.  What Country?  USA  16. SOCIAL SECURITY NO.  233 10 5079  Mrs. James Gentry  2421 Welbridge Dr.  CAUSE OF DEATH  (Instraval Service)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (Instraval Service)  LEADING Country, giving inse to the obove couse (A) stoling the UNDERLYING CONDITION CAUSEN GY.  DISEASES OR CONDITION CAUSEN GY.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING COUNTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR COMDITION CAUSEN GY.  OTHER SIGNIFICANT CONDITION FOR WHICH OFERATION  WAS PERFORMED  27A. ACCIDENT WAS UNDERLYING WAS PERFORMED  27A. ACCIDENT WAS UNDERLYING COURS of DEATH?  27A. ACCIDENT WAS UNDERLYING CONSIDERED NOW, street, office bidg., MINUN OCCUR?	Balto. Md.  Balto. Married Nonces Specify Monowed Specify Married State Specify Married Specify Married State Specify Married Specify Married Specify Specify Married Specify Marrie	Disease or condition disectly Leading to Service or Control of the obove course of the	D. STREET ADDRESS. Ill road, gave location)  2421 Welbridge Drive.  D. STREET ADDRESS. Ill road, gave location)  2421 Welbridge Drive.  D. STREET ADDRESS. Ill road, gave location)  2421 Welbridge Drive.  D. STREET ADDRESS. Ill road, gave location)  2421 Welbridge Drive.  D. STREET ADDRESS. Ill road, gave location)  2421 Welbridge Drive.  D. STREET ADDRESS. Ill road, gave location)  D. STREET ADDRESS. Ill road, gave location and gave location.  D. STREET ADDRESS. Ill road, gave location.  D. STREET ADDRESS. Ill	Balto, Md.  Balton	1	HOSPITAL OR oddress or location)	M	Id. BE	alto. City.	RURAL ond give	wastip)
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Donkey Engineer.  Mining  N. Car.  No. Car.  WHAT COUNTRY?  USA  No. Car.  WHAT COUNTRY?  USA  No. Car.  No. Car.  WHAT COUNTRY?  USA  It. MOTHER'S MADEN NAME  Indy Tranham  Indy Tranham  Indy Tranham  Balto. ARMESS  Mrs. James Gentry  2421 Welbridge Dr.  CAUSE OF DEATH  ONSET AND DEATH  (This does not meen the mode of dying, e.g., heart foliuse, estlenic, etc. Ill means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) sloting the UNDERLYING CONDITION lost,  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. ADATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED  DISEASE OR CONDITION CAUSING IT.  21A. PLACE OF INJURY (e.g., in or about 21C. WHERE DID Not CENTRY IN CAUSES OF DEATH?  DISEASE OR CONDITION CAUSE OF DEATH?  19A. ACCIDENT WAS UNDERLUNG 198 CONDITION FOR WHICH OPERATION WAS PERFORMED  DEATH (notify medical examined)  21A. PLACE OF INJURY (e.g., in or about 21C. WHERE DID Not CENTRY IN CAUSES OF DEATH?  DEATH (notify medical examined)  21A. PLACE OF INJURY (e.g., in or about 21C. WHERE DID Not CENTRY IN CAUSES OF DEATH?  DEATH (notify medical examined)  21A. PLACE OF INJURY (e.g., in or about 21C. WHERE DID Not CENTRY IN CAUSES OF DEATH?	No Care   WHAT COUNTRY? USA	No Care   WHAT COUNTRY	No Care   WHAT COUNTRY	N. Gar.   WHAT COUNTER!   N. Gar.   WHAT COUNTER!   N. Gar.   WHAT COUNTER!   USA		Male White Widowed, Divorced (spe	ecify) <b>J</b> u	1 4 1884	AGE (In years ost birthdoy)	If Under 1 Yr.	If Under 24 Hr Hours Min.
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OR CONTRIBUTING CAUSE OF Common form, foctory, street, office bldg., INJURY OCCUR?	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?  OR CONTRIBUTING (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURED  OF INJURY (APPROX.) While At Work At Work	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?  DEATH (notify medical examiner)  21D. Time (Month) (Day) (Year) (Hour) 21E, INJURY OCCURED  OF INJURY (APPROX.)  While At Work  22. I certify that (I) (This hospital) attended the deceased fram 1967 and that in (my) (application) aplnian death accurred an the deceased fram 1967 and that in (my) (application) aplnian death accurred an the deceased fram 1967 and that in (my) (application) aplnian death accurred an the deceased fram 1967 and that in (my) (application) aplnian death accurred an the deceased fram 1967 and that in (my) (application) aplnian death accurred an the deceased fram 1967 and that in (my) (application) aplnian death accurred an the deceased fram 1967 and that in (my) (application) aplnian death accurred an the deceased fram 1967 and that in (my) (application) applnian death accurred an the deceased fram 1967 and that in (my) (application) applnian death accurred an the deceased fram 1967 and that in (my) (application) applnian death accurred an the deceased fram 1967 and that in (my) (application) applnian death accurred an the deceased fram 1967 and that in (my) (application) applnian death accurred an the deceased fram 1967 and that in (my) (application) applnian death accurred an the deceased fram 1967 and that in (my) (application) applnian death accurred an the deceased fram 1967 and that in (my) (application) applnian death accurred and the deceased fram 1967 and that in (my) (application) applnian death accurred and the deceased fram 1967 and that in (my) (application) applnian death accurred and the deceased fram 1967 and that in (my) (application) applnian death accurred and the deceased fram 1967 and that in (my) (application) applnian death accurred and the deceased fram 1967 and that in (my) (application) applnian death accurred and the deceased fram 1967 and that in (my) (application) applniant application application application and the deceased all the deceased and the deceased all the deceased	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURED While At Work  22. I certify that (I) (This hospital) attended the deceased fram that (I) (This hospital) attended the deceased fram and haur and fram the causes stated above. (I) (Wa) (did nat) view the bady after death.  23A. SIGNATURE  M.D. Attending Med. Director Phys. 23D. ADDRESS  NAME (Type)  A. Allen Bpier  M.D. 1501 Pentridge Rd. Balto. Md.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY (State)  (State)  (State)  (City, town, or county) (State)	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED While At Work At Work  22. I certify that (I) (Thits hospital) attended the deceased fram that (I) (Thits hospital) attended the deceased fram and haur and fram the causes stated above. (I) (Thits hospital) (did not) view the bady after death.  23A. SIGNATURE  M.D. Attending Med. Director Phys. 23B. DATE SIGNED  24A. BURIAL CREMATION, 24B. DATE Phys. 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) Removal  25B. NAME (Type) Removal  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS  DIRECTOR WHERE DID (II in a bottimore City, give exact locohon) home, form, foctory, street, office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCC	U	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATIO WAS PERFORMED	DN [20 A. A	AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSI	DERED ?
	OF INJURY (APPROX.)  While At Work  Not While At Work	While At Work  22. I certify that (I) (this hospital) attended the deceased from 1967 and that in (my) (and part and accounted on the deceased of the deceased alive and the deceased alive ali	OF INJURY (APPROX.)  While At Work  22. I certify that (I) (this hospital) attended the deceased from 1966 to 1967 that (I) (100) last saw the deceased alive an 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the deceased from 1967 and that in (my) (1967) aplnian death accurred an the d	OF INJURY (APPROX.)  While At work  22. I certify that (I) (this hospital) attended the deceased fram that (I) (this hospital) attended the deceased fram and haur and fram the causes stated above. (I) (this) (did nat) view the bady after death.  23A. SIGNATURE  M.D. Attending Med. Director Phys. 23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type) A. Allen Bpier  M.D. 1501 Pentridge Rd. Balto. Md.  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Sgecify) Removal  12-2-67  Sunset Mem. Park Cem.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS	CALC	OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	street, office bldg., I	INJURY OCCUR?		re City, give exact	locotion)
that (1) (me) last saw the deceased alive an McCompleted of 19 le 7 and that in (my) (me) aplain death accurred an the deceased have and have and from the causes stated above. (1) (me) (did) (did not) view the body after death.  23A. SIGNATURE  M.D. Attending Phys. Staff Phys.   Ned. Director   Phys.	23A. SIGNATURE  M.D. Attending Med. Staff Phys. Staff Phys.   11/67			Removal 12-2-6/ Sunset Mem. Park Cem. Beckley, W. Va.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	24	A. Allen Bpier  A. Allen Bpier  A. BURIAL CREMATION,  248. DATE  24C. NAME of CEMETER	M.D. 150	01 Pentridg			(Stote)

Extended to Canter marke house R margaret

67 11600

BIRTH NO.

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.				
1. NAME OF DECEASED	MELT TE CVANORINA		2. DATE AND HOUR PRONOUN	
	NELLIE SYNOWSA		November 30, 19	M.
3. PLACE IN BALTIMORE, MARYLAN	D, WHERE PRONOUNCED DEAD	A. STATE	ESIDENCE (Where deceosed lived. If it is B. Co	nstitution: residence before odmission)  DUNTY
FULL NAME OF (IF NOT IN HO HOSPITAL OR ADDRESS OR INSTITUTION	DSPITAL OR INSTITUTION, GIVE S LOCATION)	TDEET	TOWN (If outside corporate limits, w	rite RURAL and give township)
13			c Kees Rock,	7-55
South Baltimore	General Hospital	(DOA)	DDRESS (II rurol, give locotion)	
		3	25 Fair Oak Street	
5. SEX 6. RACE	7. MARRIED, NEVER MARR		BIRTH 9. AGE (In year lost birthday)	Months Doys Hours Min.
Female White	Married	8/2	2/1907 60	
IDA. USUAL OCCUPATION (Give kind of done during most of working life, even il re		K INDUSTRYTTI. BIRTHPLA	CE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife			Carnegie, Pa.	U.S.A.
13. FATHER'S NAME		14. MOTHERS	MAIDEN NAME	
John Win:			Unknown	
15. WAS DECEASED EVER IN U.S. A (Yes, no or unknown), (If yes, give wor o		NO. 17. INFORMA	NT	ADDRESS
No.	None	Theor	dore Synowka Gl	en Burnie, Md.
1B.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	IF ANY, GIVING A) STATING THE AST.  (C)  ONS CONTRIBUTING T RELATED TO THE		DPSY? (Yes or No) 20B, IF YES, WERE IN CERTIFYING CA	
21A, EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB-	21 B, PLACE OF IN		NO C. WHERE DID (II in Boltimore City,	give exoct location)
UTING CAUSE OF DEATH.	etc.)			
21D TIME (Month) (Doy) OF INJURY (APPROX.)	(Yeor) (Hour) 21E. INJURY O	NOT WHILE	HOW DID INJURY OCCUR?	122
22. I certify that I held a	m. WORK	AT WORK	and that an this basis, death in	my oninten
resulted fram: Natura			nicide Undetermined mar	
ACTUAL Charles SIGNATURE	2. S. S. Z	CHIE	MEDICAL EXAMINER X	DATE SIGNED
EXAMINER'S Charl NAME (Type)	es S. Springate,	M.D. ASSOCIAT	E MEDICAL EXAMINER	November 30, 1967
23A. BURIAL CREMATION, 23B. DA REMOVAL (Specily)		CEMETERY or CREMATORY	Moon Townsh	ity, town, or county) (Stote)
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAL		tery Allegheny,	Pennsylvania
DEC 5 1967	Robut E. Farker	Ray	mond C. Fink	Glen Burnie, Md.

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IMPORTANT FUNERAL DIRECTOR:

Such and rect or contributing cause of death (4) Undetermined cause; (5) Deceased HO hospital death. ance attend 0 prior contributing or final disposition is made. in regular deceased death Was the death LO attendance any pronounced embalmed the chief medical examiner regular who are physician the remains physician where the before to the hospital °Z any nature; obtained 9 approved (except and of death) hospital

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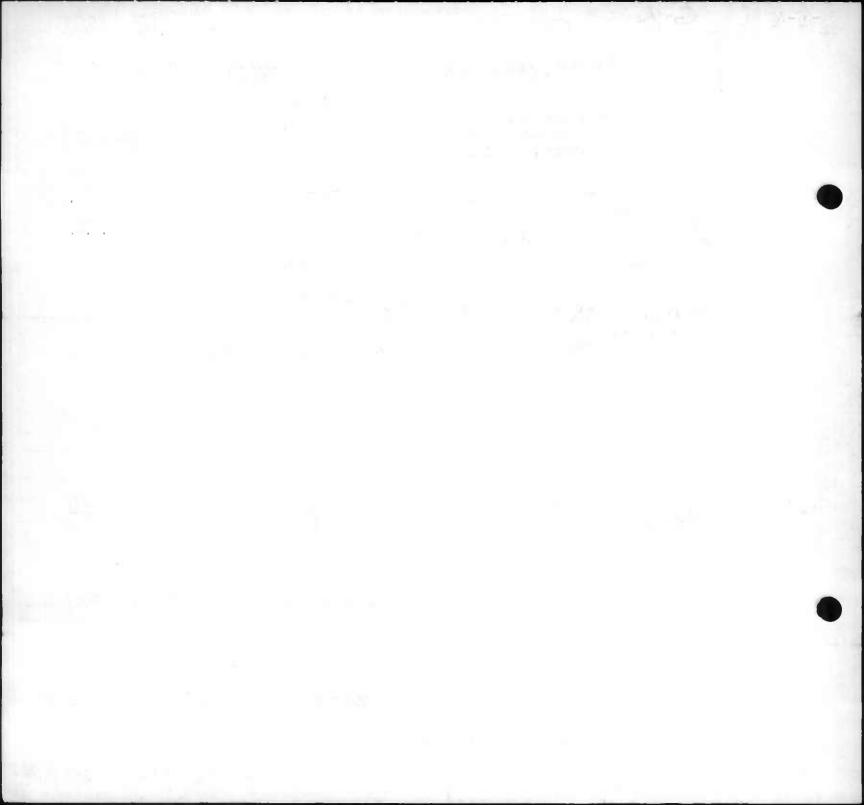
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An accident

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR Bartimore Gity Hospitals C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore 4940 Eastern Avenue D. STREET ADDRESS (If rurol, give location) Baltimore, Maryland 21224 30 Crafton Road 21221 B. DATE OF BIRTH 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys tf Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) Male White 10-16-04 Married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pennsylvania U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Isaae Katherine 7. INFORMANT ADDRESS 5. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. Recirds: BCH 4940 Eastern Avenue 21224 207-07-7016 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injuly of complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR OF INJURY While At Not While [ (APPROX.) At Work Work 22. I certify that (1)((this hospital) ettended the deceased from 11/30 that (1) (we) lost sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. ((1) (We) (did) (did not) view the body after death. 23A, SIGNATUM 23B. DATE SIGNED Attending Phys. Med. M.D. Director 23 C. PHYSICIAN'S 23D. ADDRESS 4940 Eastern Avenue Baltimore Maryland NAME (Type) M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY (City, lown, or county) REMOVAL (Specify) 7 SARDENS 25B. NAME OF REGISTRAR J.G. CONNELLY 300 MACE VS 150-REV. 1/1/65



of death (5) Deceased

contributing cause

cause; attend

(4) Undetermined

kind;

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burns;

Body

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shows: (1) An accident

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VS 150-REV. 1/1765

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the chief medical examiner

Also,

examiner.

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BALTIMORE CITY HEALTH DEPARTMENT 11602 CERTIFICATE OF DEATH Registered No. BIRTH NO M.E. CASE NO. Suct LNAME OF DECEASED 2 DATE AND HOUR OF DEATH uo (Type or Print) DECEMBER 1 1967 1:00 P. M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission) JOHN L. INGRAM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND death B. COUNTY FULL NAME OF (If not in hospital ar institution, give street MARYT.AND
OR TOWN III autside city limits, write RURAL and give town HOSPITAL OR address at lacation) 0 D. STREET ADDRESS (If rurol, give location) prior SOUTH BALTIMORE GENERAL HOSPITAL is made. 1213 LIGHT STREET 1425 SOUTH HANOVER STREET 21230 regular 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. eceased WIDOWED DIVORCED (specify) last birthday Haurs 12/10/79 87 BIRTHPLACE (State or fareign country) MARRIED WHITE 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? isposition dane during most of working life, even il retired) = II S A ŏ Carpenter Construction VIRGINIA 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME the HARM INGRAM

15. Was Deceased Ever in U. S. Armed Forces?
(Yes,na ar unknown) (If yes, give war or dates of service) SARAH 17. INFORMANT THOMAS death uo ō ADDRESS 1 6. SOCIAL or final SECURITY NO. attendance No 1/125 S. Hanover St. Mrs. Marv M. Ingram CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. Il means the disease, regular injury or complication which caused death,) ANTECEDENT CAUSES ho are DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stating the UNDERLYING CONDITION lost physician the remains Was П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes ar No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED before 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Baltimare City, give exact location) where OR CONTRIBUTING CAUSE OF °N MEDICAL DEATH (notify medical examined) be obtained (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX) At Wark and Wark 11-23 22. I certify that (I) (this hospital) ottended the deceased fram 67 that (1) (we) lost sow the deceased alive on .... and that In (my) (and) opinion death occurred on the date death) hospital must ond hour and from the causes stated abave. (1) (We) (dld) (dld not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Director Staff M.D. 0 Phy s. DECEMBER 2. 1967 approval 0 C. PHYSICIAN'S 23D. ADDRESS prior 40 NAME (Type) 24A. BURIAL CREMATION, 24B. D.O.A. eceased REMOVAL (Specify) written 12 5 Glen Haven Glen Burnie, A. A. Co. Md. Burial 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

130 E. Fort Ave

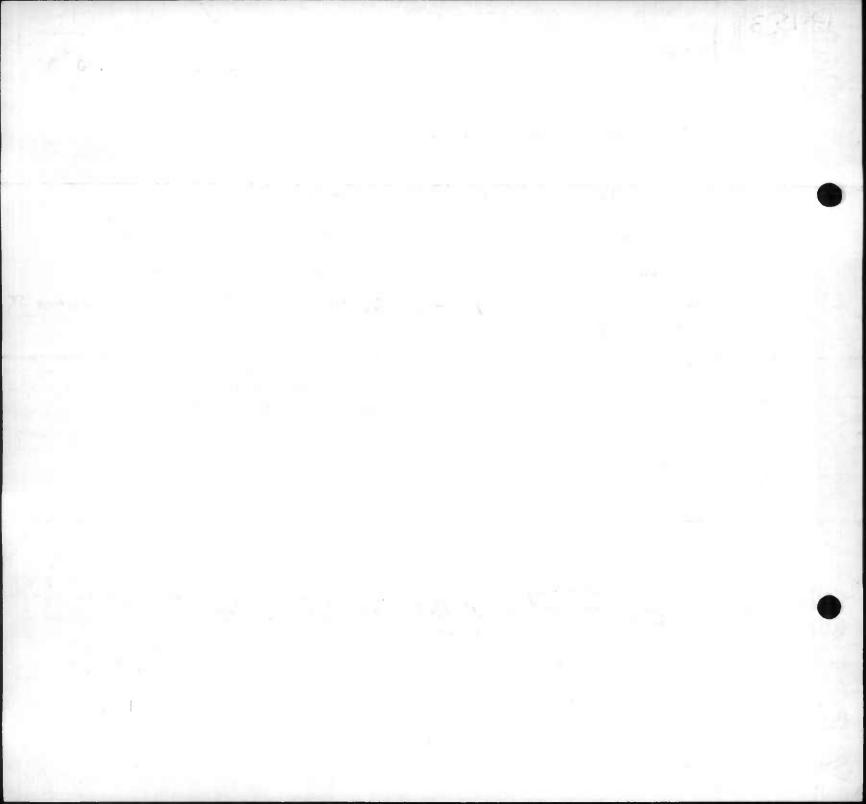
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1001	BIRTH NO. 67 11603 CEDITIEICA	HEALTH DEPARTMENT 67 11603
75005	CERTIFICA	TE OF DEATH Regulatered No.
an eat ase th Suc	M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)	2. DATE AND HOUR OF DEATH
- 0 6 d	MICHAEL PAPANTONAKIS  3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
Sp (i)	FULL NAME OF (If not in hospital or institution, give street	A. STATE  B. COUNTY  GRECE
	HOSPITAL OR oddress at lacation) INSTITUTION	C. CITY OR TOWN (If autside city limits, write RURAL and give township)
	THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give location)
uting ed ca ar at prior	33	7-5
occurre ontribut erminec regular eased p	MALE WHITE TO MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	10-26-95  9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.
ath o deter in re-	IDA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if refired)	WHAT COUNTRY?
if death rect or c (4) Undet was in the dec	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(4) (4) the	NICHOLAS PAPANTONAKIS	POULA MARY YERAKIOS  17. INFORMANT  63 Nicholas Papantonakis 818 Umbra ST.
ant di ath on		17. INFORMANT ADDRESS
the the dea	No 128-32-95	63 Nicholas PAPANTONAKIS 818 Umbra ST.
if if iny iny ied ida	18. 156, 21 CAUSE OF	DEATH INTERVAL BETWEEN ONSET AND DEATH
Also, e of on nounce atten	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	outo renal failure lik
5 . 5 0 L B	(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	11.150
mine riner fract o pr gula emb	injury ar camplication which caused death.)  ANTECEDENT CAUSES  (B)	Static Liver Carcinone, 2 mo. Primary site undetermined
ami A fr A fr	DISEASES OR CONDITIONS, if any, giving	Primary Site undetermined
ex (3) in	rise to the above cause (A) stating the (C)	
ical rns; sicia was	, II	
bon by by chy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
by a m Body the physicic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH?
the all by (2) lere of physefore	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in hame, farm, lactory, street, off etc.)	or about 21 C. WHERE DID (If in Baltimare City, give exact location)
	O 21 D. TIME (Manth) (Day) (Year) (Haur) 216, INSURY OCCURRED	21F. HOW DID INJURY OCCUR?
00000	OF INJURY (APPROX.)  While At Not While At Work	
S = > X E to	22. I certify that (I) (this haspital) attended the deceased from	losember 16 19 67 to November 30 19 67.
0 0 0 0	that (1) (we) last sow the deceased alive on November	25 19 67 ond that in (our) opinian deoth occurred on the date
	ond hour ond from the causes stoted obove. (1) (We) (did) (did not) vi	
5 6 5 5	23A. SIGNAPURE M.D. Atte	nding Med. Staff A 11/30/67
reference a h	23C. PHYSICIAN'S	nding Med. Stoff Phys. 2 11/30/67
certificate body was r vs: (1) An a D.O.A. at c assed prior	NAME (Type) COY FREEMAN M.D.	THE JOHNS HOPKINS HOSPIAAL
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CRE.	
This certificate methe body was relistons: (1) An accidant was D.O.A. at a fecased prior to written approval	Burial 12-4-67 Greek Orthodo	x Compter Bit, more Md.
This celthe bocshows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Matthews Nicholas T. Matthews
F + 4 > 0 >	VS 150-REV. 1/1/65	3021 Eastern Ave, Baltimore, Md.



BALTIMORE CITY HEALTH DEPARTMENT 67 11604 CERTIFICATE OF DEATH BIRTH NO. of death Deceased Suc M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) KIGHT, JOSEPH L. DECEMBER 1, 1967 0 hospital death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) attendance MARYLAND COUNTY contributing cause (4) Undetermined cause; (5) (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write INSTITUTION 0 BALTIMORE prior ST. AGNES HOSPITAL D. STREET ADDRESS (If rurol, give location) occurred URCH AVE. 21227 regular mad 9. AGE (In years 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. deceased 76 WIDOWED, DIVORCED (specify) MALE WHITE 0/03/91 MARRIED 10A. USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF isposition = done during most of working life, even if retired) WEST VIRGINIA RETIRED Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME direct CHARLESKXENX KIGHT SARAH DANIELS KIGHT IMPORTANT assistant death 0 T kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (II yes, give wor or dates of service) 17. INFORMANT 1 6. SOCIAL final SECURITY NO. attendance ST. AGNES HOSPITAL RECORDS YES any CAUSE OF DEATH pronounced 18. 10 his Diseninated autostasi, DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not mean the mode of dying, e.g., ular hearl foilure, asthenia, etc. Il means the disease, FUNERAL DIRECTOR: injury or camplication which coused death.) em ANTECEDENT CAUSES ×ho 0 9 are 4 DISEASES OR CONDITIONS, if ony, giving 3 rise to the above couse (A) stating the physician UNDERLYING CONDITION IOSI. the remains Was medical Body burns; 11 ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. CERTIFIC 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES. WERE FINDINGS CONSIDERED the ō WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before any nature; (2) 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact location) where OR CONTRIBUTING CAUSE OF the body was released to the hospital shows: (1) An accident of any nature; (2 å MEDICAL DEATH (notify medical examiner) 6 obtained 21 D. TIME (Hour) (Month) (Doy) (Year) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 (except ; and (6) OF INJURY approved While At Not While [ (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased fram NOVEMBER 67 that (I) (we) last saw the deceased alive an DECEMBER pe and that in (my) (aur) apinian death accurred an the date hospital death) and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A, SIGNATURE Attending M.D. Med. 10 approval 0 PHYSICIAN'S NAME (Type) prior 23D. ADDRESS certificate ģ was D.O.A. deceased p 24A. BURIAL CREATATION. REMOVAL (Specify)

23 B. DATE SIGNED XXXXXXXXXX 12-1-67 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65

ond give

If Under 24 Hrs.

Hours

WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH ACTIONS AND SALES AND SALE

FOR THE LATIFICATION COMEAN . TO

A DE ASSETT AS EST MANAGEMENTS I

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

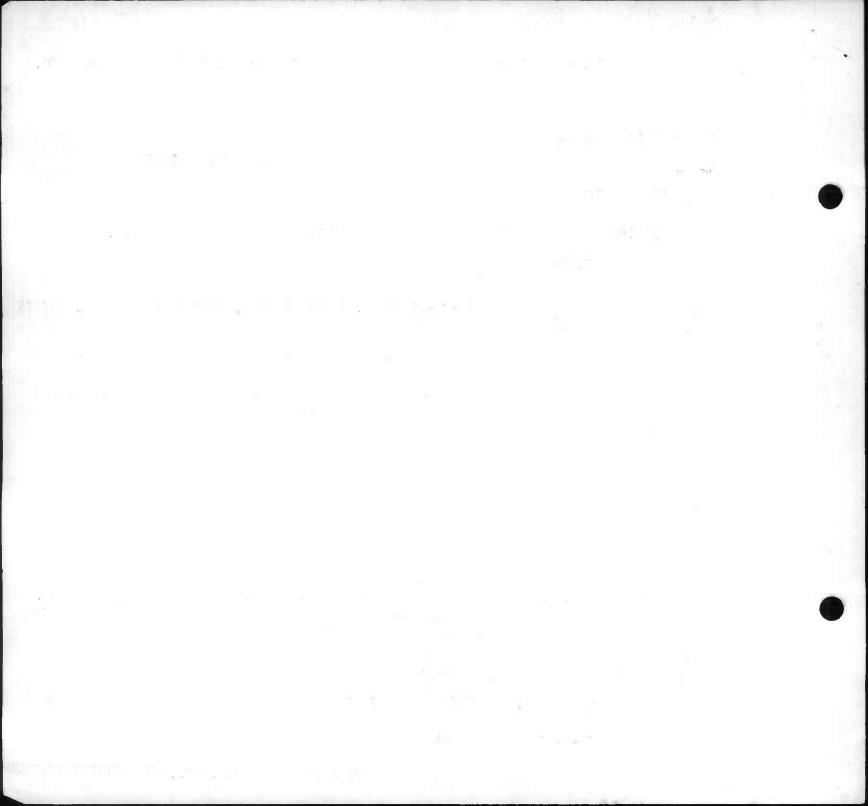
FUNERAL DIRECTOR: IMPORTANT

C-500 67 1	& OOF BALTIMORE CITY	HEALTH DEPARTMENT		67 11605
BIRTH NO.	1605 CERTIFICA	TE OF DEATH	Registered No.	11000
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  RAGE  RA	3. Coke	NOUZ	MBER 28	167/2 P. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If ins	titution: residence before admission)
FULL NAME OF (If not in hospital or institu	ution, give street	Marslan	6	
HOSPITAL OR oddress or location) INSTITUTION	1. 0.	C. CITY OR TOWN Allf out	side city limits, write RI	URAL ond give township)
4003 Fern	here Whe	D. STREET ADDRESS	wrol, give location)	1210
00		4003 Fe	mbell	ane
Male White M	RRIED, NEVER MARRIED	Sept 17, 1880	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KINdonayduring most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11 BIRTHPLA CE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Contractor au	Conditioning	O) strille	na	112/1
13. FATHERS NAME	teating	14. MOTHER'S MAIDEN NA	ME	
Hellel Cohen		10ha		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of ser	1 6. SOCIAL  rvice) SECURITY NO.	17. INFORMANT	0 1	ADDRESS GRE
ns		Mis saia	sphen-4	003 Fernhell
18. / (4 ) 11	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	/) -	4 1 1 +	1. 15	ONSET AND DEATH
LEADING TO DEATH	(A) [ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	terioseleratic C	ardiovasc	10 yr.
(This daes not mean the made of dying, heart failure, asthenia, etc. It means the dis	92092			/
injury ar complication which caused death.)	(B)	ease and		
ANTECEDENT CAUSES	DUE TO	1 1		
DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stating		hroschrosi	N	
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.				
U 194 DATE OF OPERATION 198, CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED
None WAS PERFORME		No	IN CERTIFIEND CAC	Jaes of Death:
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact locotion)
21D. TIME (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Work Not While At Work	e 🔲		14.1
22. I certify that (1) (this hospital) atter		May 31,	1967 to 20	sember 28 1967
that (1) (we) ast saw the deceased aliv				
and haur and from the causes stated abo		/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
23A. SIGNATURE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	new the budy until deaths		23B. DATE SIGNED
Morton ful	ruger M.D. Att	ending Med.	Staff Phy s.	DUM 29 1967
23C.PHYSICIAN'S		23D. ADDRESS	117,34	000101101
NAME (Type) R Toa) KK	PIEGER M.D.	615 Hami	roads La	WE 21225
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (Ci	ty, town, or county) (Stote)
REMOVAL (Specify)				
BURIAL 12-1-67 25A, DATE REC'D BY HEALTH DEPT. 25B, N	CHIZUK AMUNO	25C. FUNERAL DIRECTO	LITIMORE, MAI	ADDRESS
DEC 5 1967 G. C.	b E. talleyna			010 REISTERSTOWN R
VS 150-REV. 1/1/65				

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	approved by the chief medical examiner or his assistant if death occurred in a hospital and	I to the hospital by a medical examiner. Also, if the direct or contributing cause of death	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
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	AME OF DECEASED		06 CERTIFICA	2 DATE	AND HOUR OF DEAT	н
(Тур	pe ar Print) GERTRUDE (	OLDBERG			MBER 2, 1967	1:15
3. P	PLACE OF DEATH IN BALTIMORE, MA			4. USUAL RESIDENCE (V	Vhere deceased lived, If	institution: residence before odr
F	FULL NAME OF (If not in hospital HOSPITAL OR oddress or location		give street	MARYLAND	OUNTY	e RURAL ond give loweship)
	1009 ROSALIND AVENUE			BALTIMORE D. STREET ADDRESS	(If rural, give location)	27-1
4	00			3009 Rosalin		<b>2</b> 1215
5. \$	FEMALE WHITE	WIDOWE	NEVER MARRIED D. DIVORCED (specify) WIDOW	B. DATE OF BIRTH	9. AGE (In years last birthdoy) 85	If Under 1 Yr. If Under Months Days Hours
	NUSUAL OCCUPATION (Give kind of working during most of working life, even if retired)  HOUSEWIFE		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or RUSSIA	fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME		II V III G	14. MOTHER'S MAIDEN		
15 4	Was Deceased Ever in U. S. Armed Fa		1 6. SOCIAL	17. INFORMANT	*****	ADDRESS
	s.no or unknown) (If yes, give wor or dot		SECURITY NO.			
	NO		216-20-5158D		YDER, 5043 C	HALGROVE AVE. #2
	(This does not mean the made of heart failure, asthenia, etc. It mean injury or complication which caused ANTECEDENT CAUSE:  DISEASES OR CONDITIONS, if	s the disease, d death.) S any, giving	(B) COVIN	navy occlus avy arteriosele vacus		- unknown
	rise to the above cause (A) UNDERLYING CONDITION last.	stating the	(C)			
ATION	UNDERLYING CONDITION lost,  II  DTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE DR CONDITION CAUSING	CONTRIBUTIN ATED TO TH	G Diab	etes mellit		unknown
ERTIFICATION	UNDERLYING CONDITION lost.	CONTRIBUTIN ATED TD TH IT. NOITION FOR	G Diab	etes mellit	No) 20B. IF YES, WER IN CERTIFYING C	un Known E FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CERTIFIC	UNDERLYING CONDITION lost.	CONTRIBUTIN ATED TO TH IT. NOITION FOR REFORMED	G  WHICH OPERATION  PLACE OF INJURY (e.g., in the, form, factory, street, of	etes mellit	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CERTIFIC	UNDERLYING CONDITION last.    I	CONTRIBUTIN ATED TD TH IT. NDITION FOR RFORMED  218 hom etc.	WHICH OPERATION  DIAG  PLACE OF INJURY (e.g., in e. form, factory, street, of )  INJURY OCCURRED	20A. AUTOPSY? (Yes at AUTOPSY?) (Yes at Autopsy) (	No) 20B. IF YES, WER IN CERTIFYING C	CAUSES OF DEATH?
AL CERTIFIC	UNDERLYING CONDITION lost.	CONTRIBUTIN ATED TD TH IT. NDITION FOR RFORMED  218 hom etc.	WHICH OPERATION  PLACE OF INJURY (e.g., in the form, factory, street, of the form)  INJURY OCCURRED the At Not While	20A. AUTOPSY? (Yes an	208. IF YES, WER IN CERTIFYING C	causes OF DEATH?
CAL CERTIFIC	UNDERLYING CONDITION lost.	CONTRIBUTIN ATED TO TH IT. NOTITION FOR REFORMED  218 hom etc. (Hour) 21E Wh wo	WHICH OPERATION  Diab  PLACE OF INJURY (e.g., interpretation of the control of th	20A. AUTOPSY? (Yes at NO ) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR	OP (If in Baltim	causes of DEATH?
CAL CERTIFIC	UNDERLYING CONDITION last.	CONTRIBUTIN ATED TO TH IT. NOTITION FOR REFORMED  218 hom etc. (Hour) 21E Wh wo	WHICH OPERATION  Diab  PLACE OF INJURY (e.g., interpretation of the control of th	20A. AUTOPSY? (Yes at NO ) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR	OP (If in Baltim	causes OF DEATH?
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CAL CERTIFIC	UNDERLYING CONDITION lost.	CONTRIBUTIN ATED TO TH IT. NOTITION FOR REFORMED  218 hom etc. Wh wc th) attended to the dalive on	WHICH OPERATION  S. PLACE OF INJURY (e.g., inc., form, factory, street, of the control of the co	20A. AUTOPSY? (Yes an AUTOPSY?) (Yes an Autopsy?	INJURY OCCUR?  It to in (my) (our) a	causes of Death?  fore City, give exact location)  pinion death occurred on t
CAL CERTIFIC	UNDERLYING CONDITION lost.	CONTRIBUTIN ATED TO TH IT. NOTITION FOR REFORMED  218 hom etc. Wh wc th) attended to the dalive on	WHICH OPERATION  S. PLACE OF INJURY (e.g., inc., form, factory, street, of the property of the property of the property of the deceased from the property of the deceased from	20A. AUTOPSY? (Yes an NO nor obout 21C. WHERE DIE fifice bidg., INJURY OCCUR 21F. HOW DID	IN JURY OCCUR?  It hot in (my) (our) a th.	causes of DEATH?  fore City, give exact location)  pinion death occurred on the state of the sta
MEDICAL CERTIFIC	UNDERLYING CONDITION lost.  11  DTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE DR CONDITION CAUSING  19A.DATE OF OPERATION 19B. COI WAS PEI  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (Ahis hospital that (I) (we) lost sow the decease and hour and from the couses state 23A. SIGNATURE  A. BURIAL CREMATION, 24B. DATE	CONTRIBUTIN ATED TO TH IT. NOTITION FOR REFORMED  218 hom etc. Wh wo wh) attended to etc dalive on oted above. (	WHICH OPERATION  S. PLACE OF INJURY (e.g., inc., form, factory, street, of the property of the property of the property of the deceased from the property of the deceased from	20A. AUTOPSY? (Yes an NO nor obout 21C. WHERE DIE fice bidg., INJURY OCCUR 21F. HOW DID 21F. HOW DID 21F. How Did 21F. How Did 31F. How Did 32F. How	No) 20B. IF YES, WER IN CERTIFYING CO.  Of the in Baltim  INJURY OCCUR?  I that in (my) (**ur) a th.  Staff Phys	causes of DEATH?  fore City, give exact location)  pinion death occurred on the state of the sta
MEDICAL CERTIFIC	UNDERLYING CONDITION lost.    I	CONTRIBUTINA ATED TO THE INDITION FOR REFORMED  218 Who Wo Th) attended to ed alive on attended above. (  AM B. HU  24C. N  BN  BN  BN  BN  BN  BN  BN  BN  BN	WHICH OPERATION  PLACE OF INJURY (e.g., in the, form, factory, street, of the factory)  INJURY OCCURRED (all At Work)  The deceased from (all Work)  We (did) (did not) v  Attention (All Manual)  RWITZ M.D.	20A. AUTOPSY? (Yes an NO )  n or obout 21C. WHERE DID  ffice bldg., INJURY OCCUR  21F. HOW DID  e	IN JURY OCCUR?  IN Staff Phys.   SALTIMORE, MA	pinion death occurred on to the Dec. 2, 1967  (City, town, or county)



## r if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

the chief medical examiner

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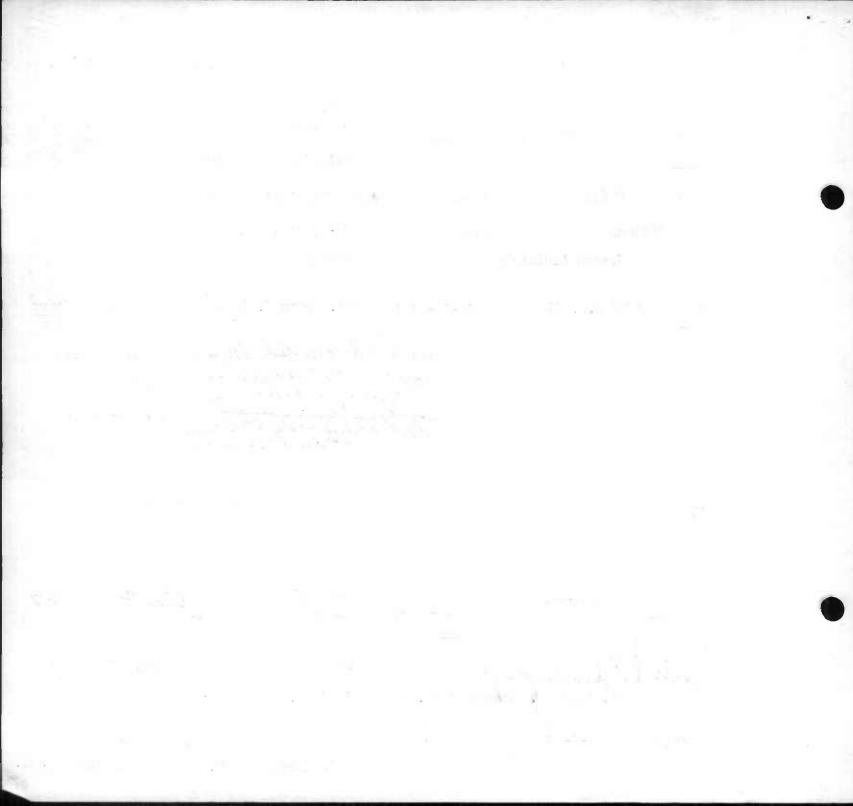
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by

approved

BALTIMORE CITY HEALTH DEPARTMENT 67 11607 CERTIFICATE OF DEATH Registered Na. Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) DECEMBER 2, 1967 MEYER LEVINSOHN eath. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, It institution: residence Maryland C. CITY OR TOWN flf not in hospital or institution, give street FULL NAME OF ŏ HOSPITAL OR oddress or location) (If outside city (imits, write RURAL and give township) 9 Raltimone. 3637 Glengyle Avenue prior D. STREET ADDRESS (If rural, give location) 6813 Cherokee Drive made. B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. 7. MARRIED, NEVER MARRIED If Under 1 Yr. 5. SEX 6. RACE deceased lost birthday) Months Doys WIDOWED, DIVORCED (specify) White Single April 26, 1899 68 Male 68 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) disposition Salesman Wholesale Baltimore, Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the Joseph Levinsohn Rebecca LO 17. INFORMANT ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL final (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO attendance 6813 Cherokee Drive Mrs. Norma C. Lutins ARMY W.W. II INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, gular injury or complication which caused death.) em ANTECEDENT CAUSES 9 are DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the the remains UNDERLYING CONDITION last. Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (It in Boltimore City, give exact (acation) Ü 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF °Z DEATH (notify medical examiner) etc.) obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY Not While While At (APPROX.) At Wark Wark and 22. I certify that (1) (this haspital) attended the deceased from death); and that in(my) (a) apinlan death accurred on the date that (1) (and) last saw the deceased alive an... and haur and from the causes stated abave. (1) (We) (He) (did not) view the bady after death. must 23B. DATE SIGNED 23 SIGNATUR Attending Med. Stoff M.D. 40 Phys. Director \_\_\_ Phys. L approval 23D. ADDRESS PHYSICIAN prior NAME (Type) 1001 St. Paul Street Hamburger Ir. Louis 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (State) (City, town, or county) eceased REMOVAL (Specify) Baltimore. Maryland Burial 12-4-67 Bnai Israel ADDRESS 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. Sol Levinson & Bros. 6010 Reisterstown Road. 196 VS 150-REV. 1/1/65



67. 11608 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7 11608

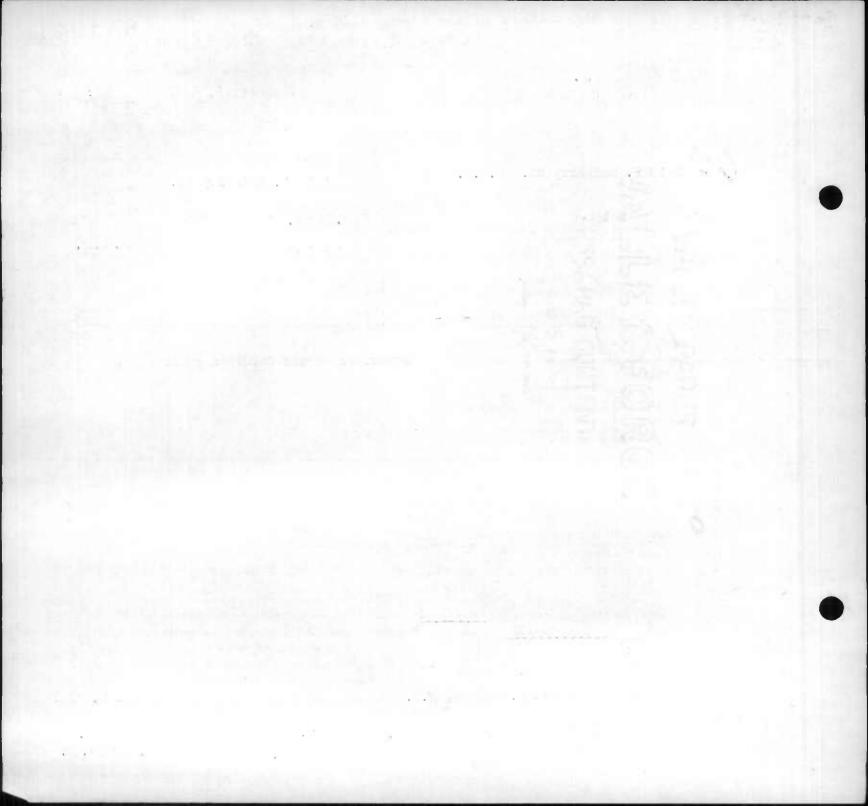
M.E	CASE NO.							
1. N (Typ	e or Print)		MADCADET C	APLES			mbox 1 1067	
2 0	1 A C						mber 1, 1967	M.
3. P	LACE IN BAL	IIMORE MAR	YLAND, WHERE PRONO	E ATTO	A. STATE		deceosed lived. It insti	itution: residence before odmission) INTY
RUL	LNAME OF	I (IF NOT	N HOSPITAL OR INSTIT			ryland	de corporate limits, write	RIIRAL and give toward
IN S	TTUTION	A D D KE SS	OR LOCATION)	12-5-67				7 - 01
						ltimore		1
	100 2	601 Kir	k Avenue		D. STREET ADDR			
		L 51.05	19			01 Kirl	k Avenue	
5. S	EX	6. RACE		, NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	1902	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
F	emale	Whit	e Div	orced	Feb. 28,	-1967-	65	
	during most of			F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Clerk	working ma, ave		Store	Mt. Wash	ington.	Md.	USA
13. F	ATHER'S NAM	ΛE			14. MOTHER'S MA	AIDEN NAM	E	1 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -
	Willia	m Schar	on		Sonhia	(Sadia)	Scholl	
	WAS DECEASE	D EVER IN U.	S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	( Dadle)	97/	West End Ave.
Yes		(If yes, give	wor or dotes of service)	SECURITY NO 219-30-3164	Alfred II	Canl		
	No					· Capre	25, JI. N.I.	, N.Y. 10025
	1B. 42	0001		CAUSE	OF DEATH			ONSET AND DEATH
	DISEA		DITION DIRECTLY					
	(This does	LEADING T		(A) Arter	ciosclerot	ic hear	rt disease	
	heart failure,	, osthenio, etc.	mode of dying, e.g., It meons the discose, th coused deoth.)	DOE TO				
	,,							
		ANTECEDENT		(B)				
			ONS, IF ANY, GIVING USE (A) STATING THE	DUE TO				
_	UNDERLYII	NG CONDITION	ON LAST.	(C)				
Ó					***************************************			
CERTIFICATION	OTHER SIG	NIFICANT CO	NDITIONS CONTRIBUT	NG				
윤	TO THE	DEATH BUT	NOT RELATED TO					
RT			198. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY	(Yes or No)	208. IF YES, WERE FIL	NDINGS CONSIDERED
2	500		WAS PERFORMED				IN CERTIFYING CAUS	
AL	21 A. EXTERN A	L CAUSE WA	.S 21B.	PLACE OF INJURY (e.g.,	in or about 21C. W		Yes (Iff in Boltimore City, gi	ve exact location)
O	UNDERLYING LAU	OR CONTRIB	- hom	e, form, foctory, street, o	ffice bldg., INJURY	OCCUR?		
벌		JE OF DEATH		University of the last				
	21 D TIME OF INJURY	(Month) (D	loy) (Year) (Hour)	21E. INJURY OCCURRED		OM DID INT	URY OCCUR?	
	(APPROX.)		m.	WHILE AT NOT AT W	ORK			
	22.	att. sheat he	old an Inquiry		दिल	AL -4 AL	to boots. Joseph to a	
							is bosis, deoth in m	
	resul	resulted from: Notural causes X Accident Suicide Homicide Undetermined monner						
	ACTUA	. / '	1. 1.	, *			XAMINER	DATE SIGNED
	SIGNAT	URE (	un o	M.D.	ASSISTANT ME	EDICAL EX	XAMINER	
	EXAMIN		harles S. Sp	ringate, M.D.	ASSOCIATE M	EDICAL E	XAMINER	December 1, 1967
	NAME (							
	BURIAL CRE		B. DATE	C. NAME OF CEMETERY O	CREMATORY	23 D. L	OCATION (City,	, town, or county) (Stote)
	Burial		2-5-1967	Druid Pideo Co	m	Po	lto., Md.	
24A	DATE REC'D	BY HEALTH	DEPT. 24B, NAME	Druid Ridge Ce OF REGISTRAR		AL DIRECTOR		ADDRESS
	DATE REC'D	C 5 19	161 P.O. 8	2 Fallenna				
			40000	- 1 ACTOROLIM	Wm. Co	ok-Bro	oks, Inc. Balt	to., Md.

V.S. 153 and B.C. from Md. State 12-5-67 M.H. 67 11609 BALTIMORE CITY HEALTH DEPARTMENT

ORE CITY HEALTH DEPARTMENT

INIED'S CEDITIFICATE OF DEATH Registered No. 67 11609

BIRTH NO.	MEDICAL EXAMINER 2	CERTIFICATE OF DEATH Regist	ered No.
M.E. CASE NO.			
1. NAME OF DECEASED (Type or Print)	•	2, DATE AND HOUR PRONOUNG	CED DEAD
JAMES	BROADDUS	December 2, 196	7   1:00 a M
	AND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If in: A. STATE B. CO	stitution: residence before odmissio UNTY
	HOSPITAL OR INSTITUTION, GIVE STREET R LOCATION)	C. CITY OR TOWN TH outside corporate limits, wi	RURAL and give township
		D. STREET ADDRESS (If rurol, give locotion)	
2828 W. Mulbe	erry St. D.O.A.	D. STREET ADDRESS (If rural, give location)	
	2.0421	2828 W. Mulberry St.	
5. SEX 6. RACE Codore	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In years last birthday)  63	Manths Days Hours Min.
	nd of work 108, KIND OF BUSINESS OR INDUST	Jan 14th U4	12. CITIZEN OF
done during most of warking life, even if Chauffuer		Virginia	WHAT COUNTRY?
13. FATHER'S NAME	333331400101	14. MOTHER'S MAIDEN NAME	
Unicarn		Unkown	
Unkown 15. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wo	or dates of service) SECURITY NO.		
No	219-05-5329	Frances Broaddus	Same
1 B.	CAU	SE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDIT	ION DIRECTLY		ONSET AND DEATH
LEADING TO	DEATH Ar	teriosclerotic Cardiovascula	r Disease
(This does not meon the r	mode of dying, e.g., DIE TO		
heart foilure, osthenio, etc. injury or camplication which	caused deoth.)		
ANTECEDENT .			
DISEASES OR CONDITION	NS, IF ANY, GIVING DUE TO		
UNDERLYING CONDITION	LAST.		
Z	(C)		
Ē	CONTRIBUTING		
OTHER SIGNIFICANT CONE			
DISEASE OR CONDITION C			
OTHER SIGNIFICANT CONE TO THE DEATH BUT I DISEASE OR CONDITION OF 19A. DATE OF OPERATION IN	PB, CONDITION FOR WHICH OPERATION  AS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN CERTIFYING CAL	
21A. EXTERNAL CAUSE WAS	21B. PLACE OF INJURY (e.g	g., in ar about 21C. WHERE DID (If in Boltimore City,	give exact location)
Underlying or contrib-	home, form, foctory, street,	, office bldg., INJURY OCCUR?	
ZID   INVE (/VIORID) (DOY	Year) (Haur) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	m. WHILE AT NO	OT WHILE WORK	
22. I certify that I held	on Inquiry Inspection X	Autopsy ond that on this basis, death in	my opinion
resulted from: Note	urol couses X Accident Suic	ide Homicide Undetermined mon	ner
7		CHIEF MEDICAL EXAMINER	
ACTUAL	Its hilse "	.D. ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
EXAMINER'S		ASSOCIATE MEDICAL EXAMINER	
	Edward F. Wilson, M.D.		ecember 2, 1967
23A, BURIAL CREMATION, 23B, E REMOVAL (Specify)	DATE 23C. NAME OF CEMETERY	Y or CREMATORY 23D. LOCATION (Cit	y, tawn, or county) (Stote)
Burial 12	2/6/67 Arbutus Mem	Park Cem. Arbutus Bal	timore Md.
24A. DATE RECID BY HEALTH DE	PT. 24B. NAME OF REGISTRAR	24C, FUNERAL DIRECTOR	ADDRESS
0ET 9 130	Value DE Starberto	Stetson D. Wilson 1913	M. Daten.



67 1	1610 BALTIMORE CITY	HEALTH DEPARTMENT		67 11640
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	11010
M.E. CASE NO.  1. NAME OF DECEASED			D HOUR OF DEATH	1
A TO THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS	RINE W.		EMBER 2,	
HOUCK, CATHE		4. USUAL RESIDENCE (When	e deceosed lived. If	institution: residence before admission)
FULL NAME OF (If not in hospital or institu	HOSPITAL	MARYLAND C. CITY OR TOWN (If outs	21228 side city limits, write	Baller Co
WILKENS & BALTIMORE,	CATON AVES.	BALTIMORE	rurol, give location)	53-00
40			DISE AVE	NUE
FEMALE WHITE	RRIED, NEVER MARRIED OWED, DIVORCED (specify) WIDOWED	8. DATE OF BIRTH 03-23-91	9. AGE (In years lost birthday) 76	1f Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIP done during most of working life, even if retired)  AT Home	ND OF BUSINESS OR INDUSTRY	MARYLAND		12. CITIZEN OF WHAT COUNTRY?
JAMES WOLfe	DEC 1D	ANNIE (SCHAR		DEC D
5. Was Decoased Evor in U. S. Armod Forces? Yes, no or unknown) (III yes, give wor or dotes of ser	vice) 16. SOCIAL SECURITY NO.	TIMPRIMATICUILKIN	ISON WI	LKENS PREATON AVE
injury at camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, or ise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	.V.A. S.C.V.D.		
TO THE DEATH BUT NOT RELATED TO	O THE			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	NO	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
U 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At  Not Whi Work  At Work	21 F. HOW DID INJU	URY OCCUR?	
22. I certify that (1) (this hospital) attenthat (1) (we) last saw the deceased alive and haur and from the causes stated abo	on DECEMBER 2,	19.67 and the		EMBER 2 , 1967 ,
23A. SIGNATURE  23A. SIGNATURE  23A. SIGNATURE  23A. SIGNATURE  23A. SIGNATURE	effe M.D. Att	ending Med. s. Director	Stoff Phys.	23B, DATE SIGNED  12-2-67
ALEJANDRO MEJIA M	, M.D.			ILKENS & CATON AN ALTIMORE,MD.21229
BURIAL 12-5-67	4C. NAME OF CEMETERY OF CR	Cemetary L	BALtimon	city, town, or county) (State)
0FC 5 1967 (P.O.	Br E Fre Comma	Elsuneth	Jemacast	-4600 Liberty Hght
/S 150-REV. 1/1/65		La production of J	11112	

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death.

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BALTIMORE CITY HEALTH DEPARTMENT

A.E. CASE NO.			CERTIFICA	TE OF DEATH	Registered Na.	
NAME OF DECI	EASED	0 .		2. DATE ANI	HOUR OF DEATH	2.
	John	V CA	RMODY		30/67	9:10 Pe
. PLACE OF DEA	IN BALIM	OKE, MARILAND		A. STATE B. COUNT	Y degleosed lived. If it	nstitution: residence before admissio
FULL NAME O HOSPITAL OR INSTITUTION		haspital ar institut ar lacotion)	on, give street	Maryland c. city or town (if outs	Baltimore	
4	1			Baltimore		1-11
SINAL	HOSP	ITAL OF	BALTIMORE	D. STREET ADDRESS (If t	ural, give location)	
SINAI	., -0	•		5975 Pimlico		
Male	6. RACE	7. MARE WIDO	MED, NEVER MARRIED  WED, DIVORCED (specify)  MARRIED	Jan. 19, 1898	ast birthday)	If Under 1 Yr. If Under 24 Hi Manths Days Haurs Min.
			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
		c. Mutual	Dept.	San Francisco,		USA
3. FATHER'S NAM	A E			14. MOTHER'S MAIDEN NAM	\ E	
John A.	Carmod	χ.r		Anna Kean		
5. Was Deceased	Ever in U. S. A	Armed Forces? ar ar dotes af servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	Atti yes, give w	al al doles al selvi	SECORITY NO.	Eva D. Carmody	-5075 Din	alico Poad
18.			CAUSE	F DEATH	/=3713 F111	INTERVAL BETWEEN
forth and	E OR CONDI	TION DIRECTLY				ONSET AND DEATH
	LEADING TO		(	NGESTIVE H	GOOF FAM	. 26
(This does n	ot meon the	mode of dying,	e.g., DUE TO	Ngesiive II	CART AICE	(// 6
		I meons the dise	ose,			
			(B) At	SCVD		
	ANTECEDENT		DUE TO			
		NS, if ony, gi				
	CONDITION	se (A) stating lost.	me (C)			
	- 11					
		TIONS CONTRIBL				
TO THE DI	EATH BUT N	OT RELATED TO	THE			
U 19A. DATE OF	OPERATION	19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na)	20B. IF YES, WERE	FINDINGS CONSIDERED
E	ľ	WAS PERFORMED		(2)	IN CERTIFYING CA	USES OF DEATH?
DC   //				(2)		
21 A. ACCIDEN OR CONTRIBU	NT WAS UNDE	E O F	21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in ar about 21 C. WHERE DID	(It in Boltimos	re City, give exact facation)
21A. ACCIDEN OR CONTRIBU DEATH (natity	medical examin	E O F	hame, farm, factory, street, c etc.)	in ar about 21C. WHERE DID INJURY OCCUR?		re City, give exact lacation)
21 A. ACCIDEN OR CONTRIBU DEATH (natify 21 D. TIME OF INJURY	medical examin	E O F	hame, farm, factory, street, cetc.)  21E. INJURY OCCURRED	in ar about 21 C. WHERE DID office bldg,, INJURY OCCUR?		re City, give exact tacatian)
21A. ACCIDEN OR CONTRIBU DEATH (natity	medical examin	E O F	hame, farm, factory, street, c etc.)	in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?		re City, give exact tacation)
TO OR CONTRIBU DEATH (natity DEATH (natity OF INJURY (APPROX.)	TING CAUSI medical examin (Manth) (Day	E O F neri) ) (Year) (Haur)	hame, farm, factory, street, cetc.)  21E. INJURY OCCURRED  While At Not Whi	in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?	IRY OCCUR?	re City, give exact facation)
21A. ACCIDEN OR CONTRIBU DEATH (natify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify	TING CAUSI medical examin  (Manth) (Day)	E O F  (Year) (Haur)  haspital) attend	hame, farm, factory, street, cetc.)  21E. INJURY OCCURRED  While A1 Nat Whi Nork At Wark  ed the deceased fram	in or about 21 C, WHERE DID office bldg., INJURY OCCUR?	910	1967
21A. ACCIDEN OR CONTRIBU DEATH (natify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (I) (20)	medical examin  (Manth) (Day  that (his	haspital) attend	hame, farm, factory, street, cetc.)  21E. INJURY OCCURRED  While At Nat White At Wark  ed the deceased fram  an	in ar about 21 C, WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?	910	/30 19 67
21A. ACCIDEN OR CONTRIBU DEATH (natily) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (****) and haur and	TING CAUSI medical examin  (Manth) (Day  that (his last saw the	haspital) attend	hame, farm, factory, street, cetc.)  21E. INJURY OCCURRED  While At Nat White At Wark  ed the deceased fram  an	in or about 21 C, WHERE DID office bldg., INJURY OCCUR?	910	19 47
21A. ACCIDENT OR CONTRIBUTED OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify that (I) (10) and haur and 23A. SIGNATU	medical examin  (Manth) (Day  that (his last saw the d fram the cau	haspital) attend	hame, farm, factory, street, cetc.)  21E INJURY OCCURRED  While At Not While At Wark  an (1) (did) (did)	in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?	910	1967
21A. ACCIDEN OR CONTRIBU DEATH (natily) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (****) and haur and	that (this last saw the	haspital) attend	hame, farm, factory, street, cetc.)  21E. INJURY OCCURRED  While A1 Nat Whi A1 Wark  ed the deceased fram  an  e. (1) (1) (did) (did)	in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?	9tatin(my) (aw) ap	19 47
21A. ACCIDENT OR CONTRIBUTED OR CONTRIBUTED OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify that (I) (	TING CAUSI medical examin (Manth) (Day that (this last saw the from the causing the causing that the causing the c	haspital) attend deceased alive uses stated above	hame, farm, factory, street, cetc.)  21E. INJURY OCCURRED  While At Not White At Work  an	in ar about 21 C. WHERE DID attrice bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  19 6 and the view the bady after death.	Staff  To plan  To pl	inion death accurred an the de
21A. ACCIDEN OR CONTRIBU DEATH (natily) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (***) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T)	medical examin  (Manth) (Day  that (his last saw the d fram the cau  RE  (NTS)	haspital) attend deceased alive uses stated abave DATE 24	hame, farm, factory, street, cetc.)  21E. INJURY OCCURRED  While At At Wark  ed the deceased fram  an	in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  19	Staff  To plan  To pl	inion death accurred an the do

VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR

Ellsworth Armacost-4600 Liberty Hghts. Ave

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VS 150-REV. 1/1/65

				HEALTH DEPARTMENT		67 11612
		H NO. 67 11	CERTIFICA	TE OF DEATH	Registered No.	O! LIOIA
	1. N. (Typ	AME OF DECEASED  or Print)  LACE OF DEATH IN BALTIMORE, MARYLAND	TI CESA	RINA 12.		1001: residence before odhission
	H	ULL NAME OF (If not in hospital or institut oddress or location)		Balto.	ide city limits, write RURA	al ond give township
		QUTHERAN HO		3611 Hou	varal. F	PK. Ave.
	5. S	F W Ne	WED, DIVORCED (specily) WER MARRIED	10.21.87	ost birthdays Mc	Under 1 Yr. II Under 24 Hrs. onths Doys Hours Min.
	done	USUAL OCCUPATION (Give kind of work 108. KINI adviring most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreight)  Append  14. MOTHERS MAIDEN NAM	ne	C. CITIZEN OF WHAT COUNTRY?
sodsie		RAYmond Cent	ofant,	Schmi	#	
3	Yes	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of servi	ce) 16. SOCIAL SECURITY NO.	FRED C CENTON	CANTI - SA	ADDRESS me
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF		not wid	INTERVAL BETWEEN ONSET AND DEATH  11. 14. 67
ungame		(This daes not mean the made of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.)  ANTECEDENT CAUSES	ase,		2.	12.3.67
ins are		DISEASES OR CONDITIONS, il any, gi rise la lhe abave cause (A) slaling UNDERLYING CONDITION last.		oncopuen	usle d	
гешан	ATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TTING THE			
e rne	CERTIFICATION	2 WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	S OF DEATH?
Detore	CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Baltimore Cit	ty, give exoct locotion)
dined		21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At Not While Work  Not Work	21F. HOW DID INJU	JRY OCCUR?	
De opt		22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive	11) 2	19 6 7 ond the		3 · 6 7 19
Written approval must a		ond hour ond from the couses stoted obove 23A. SIGNATURE	110			B. DATE SIGNED  2. S. 67
prove		ENRIQUE 1	RAFEL M.D.	LUTHER	BN HI	SPITAL
en af	24A	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)  12-7-67	C. NAME OF CEMETERY OF CRE	1 4	ALTE Make	own, or county) (State)
WLII	25 A	DEC 5 1967 Poles	ME OF REGISTRAR	METERY 25C. FUNERAL DIRECTOR ELSWORTHA	RM ACOST-46	Soulib Hohts

and the state of the A STORY OF STATE OF S 11 1 H. Saufe December 2 in and the second

was D.O.A. at a hospital (except where the physician who pronounced death

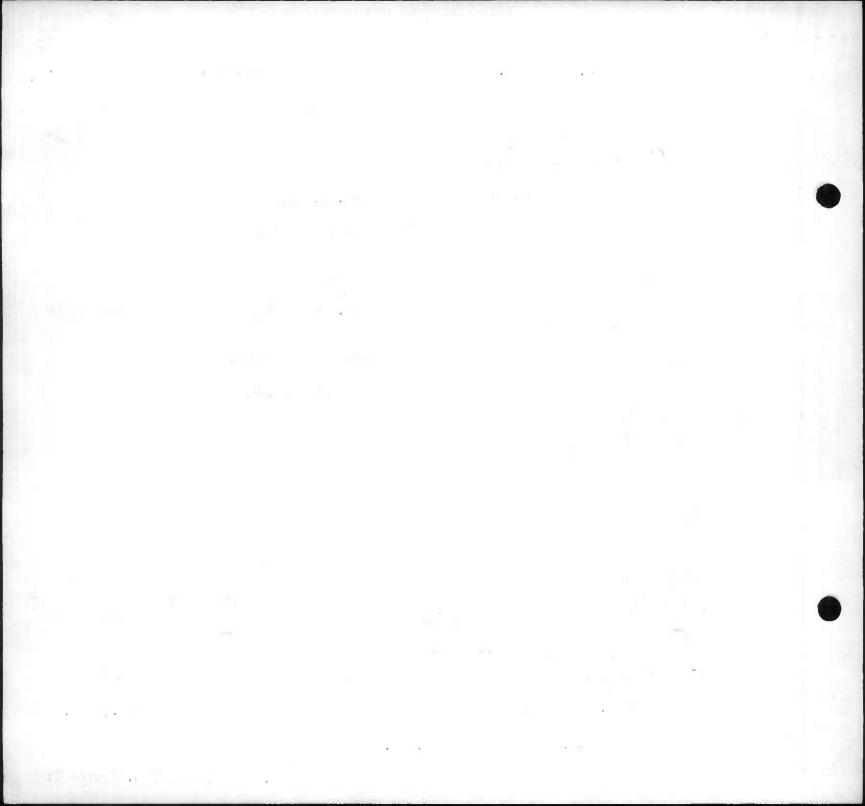
25A. DATE REC'D BY HEALTH DEPT.
DEC 5 1967

VS 150-REV. 1/1/65

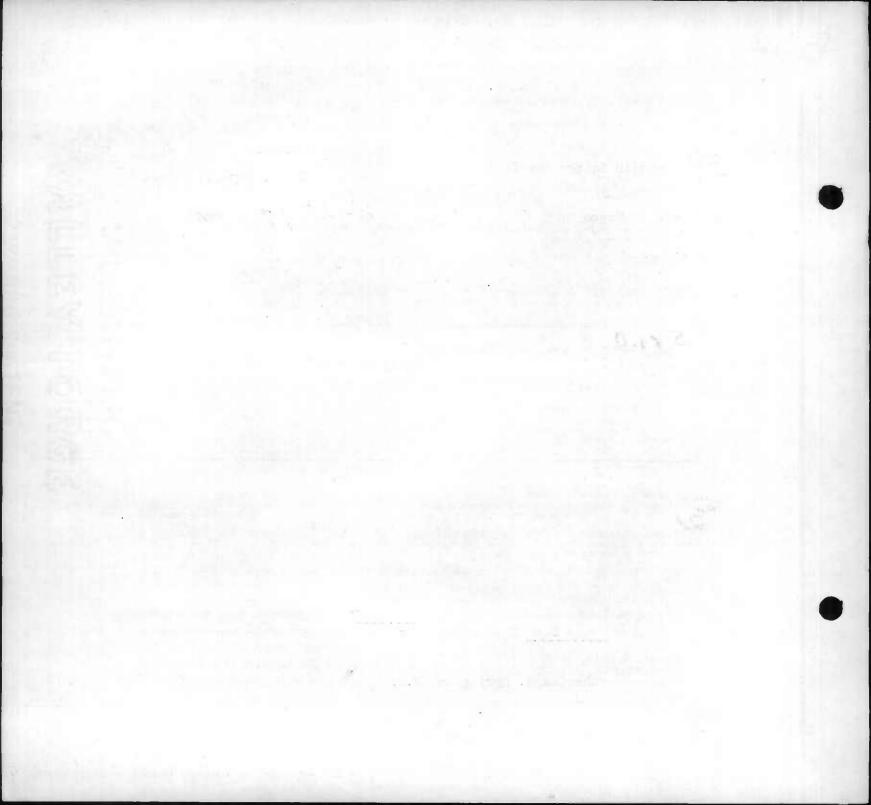
was in regular attendance on the

	E. CASE NO.	FD	11613 CERTIFICA	DATE AND	HOUR OF DEA	TH
(Typ	pe or Print)		1. C.	1		
3. F	PLACE OF DEATH	ISON J. Blac	CK ST.	4. USUAL RESIDENCE (Where	deceased lived.	967   3 A. If institution: residence before odmi
				A. STATE 8. COUNT		
- 1	FULL NAME OF HOSPITAL OR	(If not in hospital a	or institution, give street )	Maryland C. CITY OR TOWN (If outs	ide city fimits, w	ite RUR and give township)
ı	INSTITUTION			Baltimore	oc ony mana, w	1601
		3014 Belmont		D. STREET ADDRESS (If re		
	00 E	Baltimore, 1	aryland	3014 Belmont	Avenue	
5, 5	SEX 6, R	ACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		. AGE (fn years ost birthday)	If Under 1 Yr. If Under 24 Months Days Hours A
	Male C	Colored	Married	Oct. 5, 1911	56	
		TION (Give kind of work ing life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
_	aborer	ing ine, even il relited,		South Carolina		USA
	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	E	
	C	22 - 1-		File The same a ser		
15.	Wos Decessed Eve	Black	es? 16. SOCIAL	Ella Thompson	4	ADDRESS
(Yes	s, no or unknown) (If	yes, give war or date:	s of service) SECURITY NO.		20 1	
	No		******	Mrs. Harnetha I	Black	3014 Belmont Ave
	18. 443	XI		OF DEATH		ONSET AND DEAT
		OR CONDITION DIR		pertensive Hea		
	ANT	afian which caused ECEDENT CAUSES	(B) ES	sential Hypert	ension	
	ANT DISEASES OR	economics of the course of the course of the course of the course (A)	death,)  (B) ES  DUE TO	s <b>entiāl Hy</b> pert		
ATION	ANT DISEASES OR rise la lhe a UNDERLYING CO	afian which caused ECEDENT CAUSES CONDITIONS, if a labave cause (A) ONDITION last.  II ANT CONDITIONS CAUSING IT	death.)  (B) ES  DUE TO  Iny, giving slating like (C)  ONTRIBUTING TED TO THE			
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RTIFIC	OTHER SIGNIFICATION THE DEAT DISEASE OR CON	ECEDENT CAUSES CONDITIONS, if conditions cause (A) on DITION last.  ANT CONDITIONS CAUSE (A) ON THE CONDITION CAUSING ITERATION (A) PERF	DUE TO  ONTRIBUTING TED TO THE	20A. AUTOPSY? (Yes or No)	20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CERTIFIC	OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19A. DATE OF OPI OR CONTRIBUTIN DEATH (notify med	ECEDENT CAUSES CONDITIONS, if chave cause (A) ONDITION last.  II ANT CONDITIONS CONDITIONS CONDITION CAUSING INCITION CAUSING INCITION CAUSING INCITION CAUSING INCITION CAUSING INCITION CAUSING CAUSE OF dicol examine)	DUE TO  ONTRIBUTING TED TO THE TO  DITION FOR WHICH OPERATION ORMED    218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	20B. IF YES, WE IN CERTIFYING (If in Bolti	RE FINDINGS CONSIDERED
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MEDICAL CERTIFIC	DISEASES OR CONTRIBUTION DEATH (notify med of Injury (APPROX.)	afian which caused ECEDENT CAUSES CONDITIONS, if a thave cause (A) ONDITION last.  II ANT CONDITIONS CON MITTON CAUSING IT ERATION 198. CON WAS PERF WAS UNDERLYING G CAUSE OF dical examine)  anth (Day) (Year)	DITON FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.,)  (Hour) 21E. INJURY OCCURED  While At Not White	20 A. AUTOPSY? (Yes or No)  in or obout 21 C. WHERE DID  office bldg., INJURY OCCUR?  21 F. HOW DID INJU	208. IF YES, WE IN CERTIFYING  (If in Bolti	re findings considered causes of death?  more City, give exact location)
MEDICAL CERTIFIC	DISEASES OR INSEASE OR IN THE DEAT OF THE DEAT DISEASE OR CONTRIBUTING OR CONTRIBUTING DEATH (notify mer of injury (APPROX.)  21. Lecrify that that (1) (we) las	afian which caused ECEDENT CAUSES CONDITIONS, if a thave cause (A) ONDITION last.  ANT CONDITIONS C' H BUT NOT RELA NOTION CAUSING II ERATION 198. CONI WAS PERF WAS UNDERLYING II G CAUSE OF dical examines)  onth) (Day) (Year)  t (1) (this hospital)	DUE TO  DUE TO  DITON, giving slating like (C)  ONTRIBUTING TED TO THE  TO THE  DITON FOR WHICH OPERATION ORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)  (Hour) 21E. INJURY OCCURRED While At Not White At Work  Outline At Work  At Work	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJU 6/30 19	208. IF YES, WE IN CERTIFYING  (If in Bolti	re findings considered causes of death?  more City, give exact location)
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MEDICAL CERTIFIC	DISEASES OR rise to the or UNDERLYING COUNTER SIGNIFICATO THE DEAT DISEASE OR CON 19A. DATE OF OPION DEATH (notify med 21D. TIME OF INJURY (APPROX.)  22. I certify that that (I) (we) last and haur and from the or contribution of the original or contribution or contribut	afian which caused ECEDENT CAUSES CONDITIONS, if a thave cause (A) ONDITION last.  ANT CONDITIONS C' H BUT NOT RELA NOTION CAUSING II ERATION 198. CONI WAS PERF WAS UNDERLYING II G CAUSE OF dical examines)  onth) (Day) (Year)  t (1) (this hospital)	DITON FOR WHICH OPERATION ORMED  218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Which Work Al Work  attended the deceased fram dalive an 11/21  ed abave. (I) (We) (did) (did nat)	20A. AUTOPSY? (Yes or No) in or about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJU 6/30  19.67. and tha view the bady after death.	20B. IF YES, WE IN CERTIFYING  (If in Bolti  RY OCCUR?  7 61 to	re FINDINGS CONSIDERED CAUSES OF DEATH?  more City, give exact location)  11/28 19 19 19 19 19 19 19 19 19 19 19 19 19
MEDICAL CERTIFIC	DISEASES OR rise In the or UNDERLYING COUNTER SIGNIFICATO THE DEAT DISEASE OR CONTINUED TO OR CONTRIBUTIND DEATH (notify medited by the control of the contr	afian which caused ECEDENT CAUSES CONDITIONS, if a thave cause (A) ONDITION last.  ANT CONDITIONS C' H BUT NOT RELA NOTION CAUSING II ERATION 198. CONI WAS PERF WAS UNDERLYING II G CAUSE OF dical examines)  onth) (Day) (Year)  t (1) (this hospital)	DUE TO  DITON FOR WHICH OPERATION  ORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not White At Work  Outline At Wo	20A. AUTOPSY? (Yes or No) in or about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJU 6/30  19.67. and tha view the bady after death.	20B. IF YES, WE IN CERTIFYING  (If in Bolti  RY OCCUR?  5.61. to	re FINDINGS CONSIDERED CAUSES OF DEATH?  more City, give exact location)  11/28 19
MEDICAL CERTIFIC	DISEASES OR CONTRIBUTION DEATH (notify mer Capprox)  21 A. ACCIDENT OR CONTRIBUTION DEATH (notify mer Capprox)  22 J. L. Certify that (1) (we) lass and haur and from the capprox of the c	afian which caused ECEDENT CAUSES CONDITIONS, if a thave cause (A) ONDITION last.  II ANT CONDITIONS CITY OF THE CONDITION CAUSING II ERATION 198. CONIWAS PERF WAS UNDERLYING GCAUSE OF dicol examines) onth) (Day) (Year)  It (I) (this hospital that was the decease of the causes state Cause State Cause State Cause Caus	DITON FOR WHICH OPERATION  The stating like (C)  ONTRIBUTING TED TO THE (C)  DITON FOR WHICH OPERATION  ORMED  218. PLACE OF INJURY (e.g., hame, faim, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not White At Work  Outline at White At At Work  outline at Manual Manu	20A. AUTOPSY? (Yes or No)  in or obout 21C. WHERE DID  office bldg., INJURY OCCUR?  21F. HOW DID INJU  6/30 19  19.67 and tha  view the bady after death.  tending Med. S ys. Director F	20B. IF YES, WE IN CERTIFYING  (If in Bolti  RY OCCUR?  5.101 to	ire findings Considered Causes of Death?  more City, give exact location)  11/28 19 apinian death accurred an the 23B, DATE SIGNED 12/1/67
MEDICAL CERTIFIC	DISEASES OR CONTRIBUTION DEATH (notify mer Capprox)  21 A. ACCIDENT OR CONTRIBUTION DEATH (notify mer Capprox)  22 J. L. Certify that (1) (we) lass and haur and from the capprox of the c	afian which caused ECEDENT CAUSES CONDITIONS, if a large cause (A) ONDITION last.  II ANT CONDITIONS CONDITIONS CONDITION CAUSING IT ERATION 198. CONNING MAS PERF WAS UNDERLYING CAUSE OF dical examines)  onth) (Day) (Year)  It (I) (this hospital to the causes state causes state Cause State Cause State Cause Cause State Cause Cau	DITON FOR WHICH OPERATION  (Hour)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  218. PLACE OF INJURY (e.g., home, form, foctory, street, other, home, foctory, street, home, foctory, street, home, foctory,	20A. AUTOPSY? (Yes or No)  in or obout 21C. WHERE DID  office bldg., INJURY OCCUR?  21F. HOW DID INJU  6/30 19  19.67 and tha  view the bady after death.  tending Med. birector Section 19  23D. ADDRESS  2329 Arunah	208. IF YES, WE IN CERTIFYING  (If in Bolti  RY OCCUR?  5.101 to	re Findings Considered Causes of Death?  more City, give exact location)  11/28 19  apinian death accurred an the 23B, DATE SIGNED 12/1/67  Balto. Md.
MEDICAL CERTIFIC	DISEASES OR rise to the or UN DERLYING COUNTER SIGNIFICATO THE DEAT DISEASE OR CONTINUED TO OR CONTRIBUTIND DEATH (notify medical property).  21 D. TIME OF INJURY (APPROX.)  22. I certify that that (I) (we) lass and haur and from the counter that (I) (we) lass and haur and haur and from the counter that (I) (we) lass and haur and from the counter that (I) (we) lass and haur and from the counter that (I) (we) lass and haur and from the counter that (I) (we) lass and haur and haur and from the counter that (I) (we) lass and haur and ha	afian which caused ECEDENT CAUSES CONDITIONS, if chave cause (A) ONDITION last.  II ANT CONDITIONS CHAUSES ANT CONDITIONS CHAUSE OF CAUSE OF dical examines)  II ERATION 198. CONWAS PERF WAS UNDERLYING CAUSE OF dical examines)  II I	DITON FOR WHICH OPERATION  The stating like (C)  ONTRIBUTING TED TO THE (C)  DITON FOR WHICH OPERATION  ORMED  218. PLACE OF INJURY (e.g., hame, faim, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not White At Work  Outline at White At At Work  outline at Manual Manu	20A. AUTOPSY? (Yes or No)  in or about 21C. WHERE DID  office bldg., INJURY OCCUR?  21F. HOW DID INJU  6/30 19  6/30 and tha  view the bady after death.  lending Med. 23D. ADDRESS  2329 Arunah  LEMATORY 24D. LO	208. IF YES, WE IN CERTIFYING  (If in Bolti  RY OCCUR?  5.101 to	ince City, give exact location)  11/28  apinian death accurred an the location of the location

Arlington S. Phillips 1727 N. Monroe St



BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)  ELSIE M. SAWYER	November 26, 1967 12:20 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY  Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside corporate limits, write PRA) and give township)  Baltimore
36 Franklin Square Hospital	D. STREET ADDRESS (If rural, give locotion)  1634 W. Fayette Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months   Days   Hours   Min.
Female Negro  10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR dane during most of working life, even if retired)	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHERS MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, na arunknown), (If yes, give war ar dates of service) SECURITY NO.	Tout B. Same Same
DISEASE OR CONDITION DIRECTLY	F OF DEATH INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH  (This does not mean the made of dying e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)	y metamorphosis of liver
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes  Yes
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, farm, factory, street,	in ar about 21C. WHERE DID (If in Bultimare City, give exact location)
21D TIME (Manth) (Day) (Year) (Hauti 21E, INJURY OCCURRED OF INJURY (APROX.) WHILE AT NOT	21F. HOW DID INJURY OCCUR? WHILE WORK
	ond that on this basis, death in my apinion
ACTUAL SIGNATURE Charles X Accident Suicident Suicident SIGNATURE	CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Charles S. Springate, M.D. NAME (Type)	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify) Bactima  24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	or CREMATORY 23D. LOCATION (City, town, or county) (State)
DEC 5 1967 Robert E. Farkeyna	
VS 151-REV. 1/1/65	



## 67 11615 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Na.

AA E CASE NO	71120	TOPIC EX	THIN TEN O CI	-1(11110)	112 01 1	DE/XIII		
M.E. CASE NO.	TEASED				2 DATE AN	D HOUR PRONOUNC	FD DEAD	
ARTHUR		L.	BLACI		Nov	ember 26, 19	967 7:15 P.	м.
3. PLACE IN BALT	IMORE, MARYLAND, W			Mary	land		litution: residence before admiss JNTY	ion)
HOSPITAL OR	ADDRESS OR LOC	ATION)	TION, GIVE STREET		own (If outsid	e corporote limits, with	RURAL ond give township)	
811 Edmo	ndson Avenue				Edmonds	on Avenue		
5. SEX Male	6. RACE Negro	WIDO WED,	NEVER MARRIED DIVORCED (specify)	8. DATE OF B		9. AGE (In years lost birthday) 46	If Under 1 Yr. If Under 24 Months, Doys, Hours, M	Hrs.
done during most of v	working life, even if retired)		BUSINESS OR INDUSTRY		E (State or foreig		12. CITIZEN OF WHAT COUNTRY?	
Labore	NE.				rginia MAIDEN NAM		USA	
15. WAS DECEASE	ce Harden  D EVER IN U.S. ARMEI  Of yes, give wor or dot		16. SOCIAL SECURITY NO.	17. INFORMAN	es Black	well	ADDRESS	-
Yes			224-52-7591	Mrs. F	rances F	See 521 N.	Gilmore St.	
DISEASES RISE TO THE UNDERLYIN	costhenio, etc. II meon mplicotion which coused write Caused or Conditions, if a Bove Cause (a) S and Condition Last.  II NIFICANT CONDITIONS DEATH BUT NOT RECONDITION CAUSIN	SANY, GIVING TATING THE						
19A. DATE OF	OPERATION 198 COL		WHICH OPERATION	20A. AUTO	Yes or No	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?	
21A, EXTERNA UNDERLYING UTING CAU UTING CAU 21D TIME OF INJURY (APPROX.)	CAUSE WAS  R CONTRIB- SE OF DEATH.  (Month) (Doy) (Yea	home, etc.)	PLACE OF INJURY (e.g., , form, foctory, street, on	ffice bldg., INJI	. WHERE DID			
	URE Werner	ean.	suicident Suicide	CHIEF ASSISTANT		KAMINER X		)
23A, BURIAL CREATER REMOVAL (Specify	MATION, 238 DATE	67 I	NAME of CEMETERY of Baltimore Nat	ional Ce	m. B	altimore, Ma		
24AT DATE REC'D	EC 1967		E Falleyth		ngton S.		ADDRESS 727 N. Monroe St	
140 101 Bett 1/1/	15							

. 

BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED

FULL NAME OF HOSPITAL OR INSTITUTION

13. FATHER'S NAME

5. SEX

ON

CERTI

WILLIAM

67 11616 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 2. DATE AND HOUR PRONOUNCED DEAD SATTERFIELD November 27, 1967 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give town hip) Baltimore D. STREET ADDRESS (If rurol, give location) 928 N. Carrollton Avenue 928 N. Carrollton Avenue 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDO WED, DIVORCED (specify) lost birthdoy Months Doys Hours , Min. IOA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY 23 12. CITIZEN OF WHAT COUNTRY? 4. MOTHER'S MAIDEN NAME ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SOCIAL ZANFORMAN (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. Hamil INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)...

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION

WAS PERFORMED

20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

21 D TIME OF INJURY (APPROX.)

21E. INJURY OCCURRED WHILE AT NOT WHILE m. WORK

Inspection

DUE TO

and that an this basis, death in my apinlan

resulted from: Natural causes X Accident

I certify that I held an Inquiry

Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER

Autapsy X

DATE SIGNED

ACTUAL SIGNATURE EXAMINER'S

M.D. ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER

11/28/67

Werner U. Spitz, M.D. NAME (Type) 23A, BURIAL CREMATION.

23C NAME of CEMETERY or CREMATORY

23D. LOCATION

(City, town, or county)

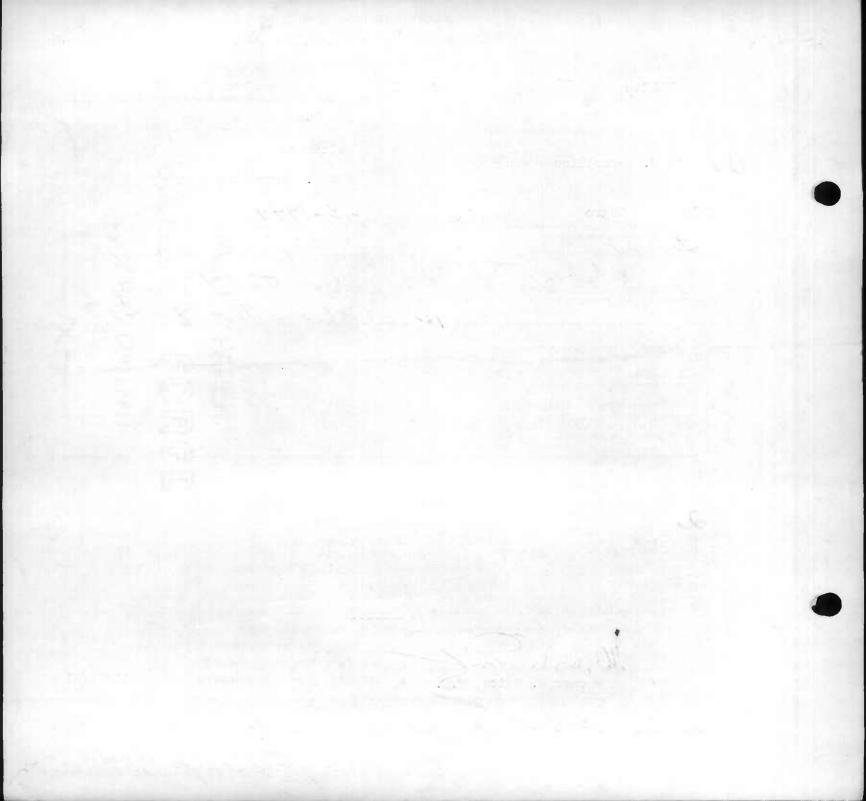
DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

ADDRESS

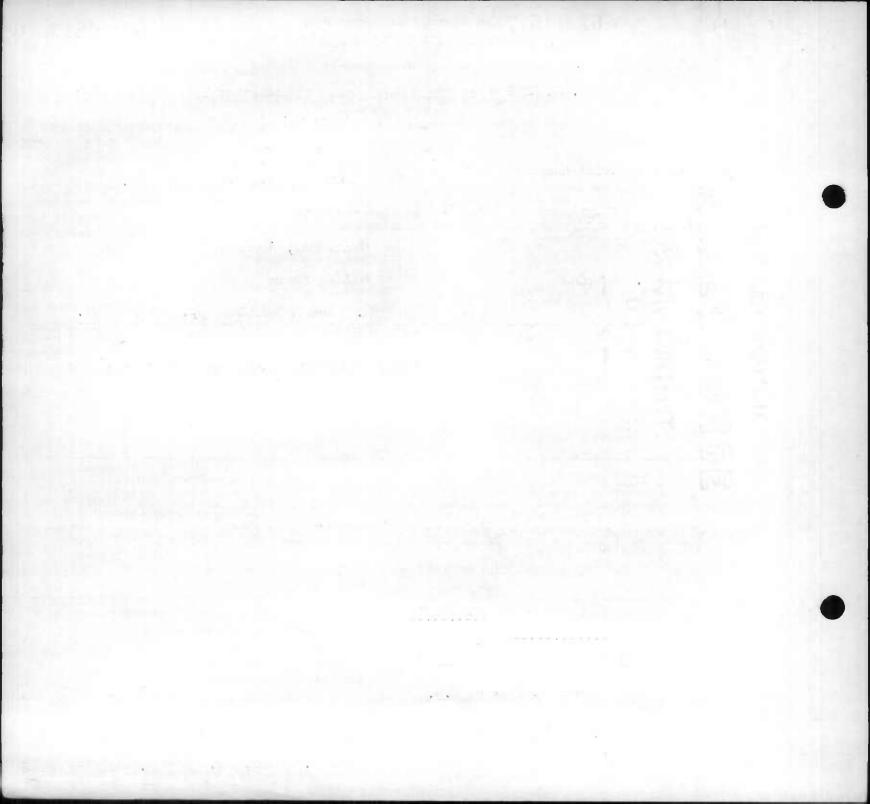
VS 151-REV, 1/1/65

REMOVIAL (Specify)



## 67 11617 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 11617

M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print)				2. DATE AN	D HOUR PRONOUN	CED DEAD	
	). JENKINS		1	Dec	ember 2, 19	967 1 10:	
3. PLACE IN BALTIMORE, MARYL	AND, WHERE PRONOU	NCED DEAD	A. STATE	ENCE (Where	deceased lived. If in B, CC	stitution: residence before	odmission)
FULL NAME OF (IF NOT IN	HOSPITAL OR INSTITU	TION. GIVE STREET	Mary	land			
HOSPITAL OR ADDRESS O	OR LOCATION)		C. CITY OR TOV	VN (If autsid	le carparale limits, wr	ite RURAL and give towns	ship)
11			Ba	1timore		66	0/
Union Memoria	1 Wasnital		D. STREET, APP	RESS (If rural,	, give location)		
7 7 Ullion Memoria	I Hospital		1 7/0/		e Gardenwa	Ant. B	
5. SEX 6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRT	H	9. AGE (In years	If Under 1 Yn If Und	er 24 Hrs.
	WIDO WED,	inole	11/10/18	398	lost birthday)	Months Doys Hour	s Min.
Male White		0		,	69	12. CITIZEN OF	1
done during wost of working life, even	if raticad)		0.1.	14		WHAT COUNTRY	?
Chauffer	Rex	tired	Baltimo	re, Ma	ryland	USA	
13. FATHER'S NAME			14. MOTHER'S M	AIDEN NAM	E		
James W. Jenks	ins		Mollie	Beane			
15. WAS DECEASED EVER IN U.S.		16. SOCIAL	17. INFORM ANT			ADDRESS	
(Yes, no or unknown) (If yes, give w	or or dates at service)	SECURITY NO.	Mr. Than	na lon	bins 15N.	Decker Ave.	
No		0		ais jui	17910		
1B. 42211		CAUS	E OF DEATH			ONSET AND	
	NS, IF ANY, GIVING SE (A) STATING THE N LAST.  DITIONS CONTRIBUTIN NOT RELATED TO T	HE	20 A. AUTOPSY	? (Yes or No)	208, IF YES, WERE	FINDINGS CONSIDERED	
0	WAS PERFORMED		No		IN CEKIIFTING CA	USES OF DEATH!	
O UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		PLACE OF INJURY (e.g., form, foctory, street,	in or about 21C. V	HERE DID	(If in Baltimare City,	give exact location)	
21D TIME (Month) (Do	y) (Year) (Hour) 2	IE. INJURY OCCURRED	21 F. H	INI DID WO	URY OCCUR?		
(APPROX.)	v	WHILE AT NOT	WHILE				
22,	m. V	VORK L. AT \	WORK L				
I certify that I held	d an Inquiry 🗌	Inspection X Au	otapsy and	d that on th	is basis, death in	my apinian	
resulted fram: Na	tural causes X	ccident Suici	de Hamici	de	Undetermined man	ner	
	1/ 1/				KAMINER _		
ACTUAL SA.	XL WI	e .				DATE SI	IGNED
SIGNATURE	va 0 . 1011	M.I	ASSISTANT M				
EXAMINER'S	1 29 27:1 -	1/ D	ASSOCIATE M	EDICAL E		1 0 10	(7
	ward F. Wilson		CRELLATORY	102D I		ecember 3, 19	(Stote)
REMOVAL (Specify)	DATE 23	C. NAME of CEMETERY	OF CKEMAIORT				(31016)
Burial 12	0/6/167 1	Dab Laun Com	noton.	Ba	ltimore, M	aryland	
24A. DATE REC'D BY HEALTH DE		of REGISTRAR Cen	24 FUNER	AL DIRECTOR	?	ADDRESS	
050 5 10	367 O. 2. 5	E. Farbayna	John 1	1 /1-	- 1	00 E. Baltimo	-
Adding the la	PURCHED IN		yorut T	· Mora	ry Inc. 300	O C. Baltime	200 1.
VS 151-REV. 1/1/65							



BIRTH NO.

## 67 11618 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11618

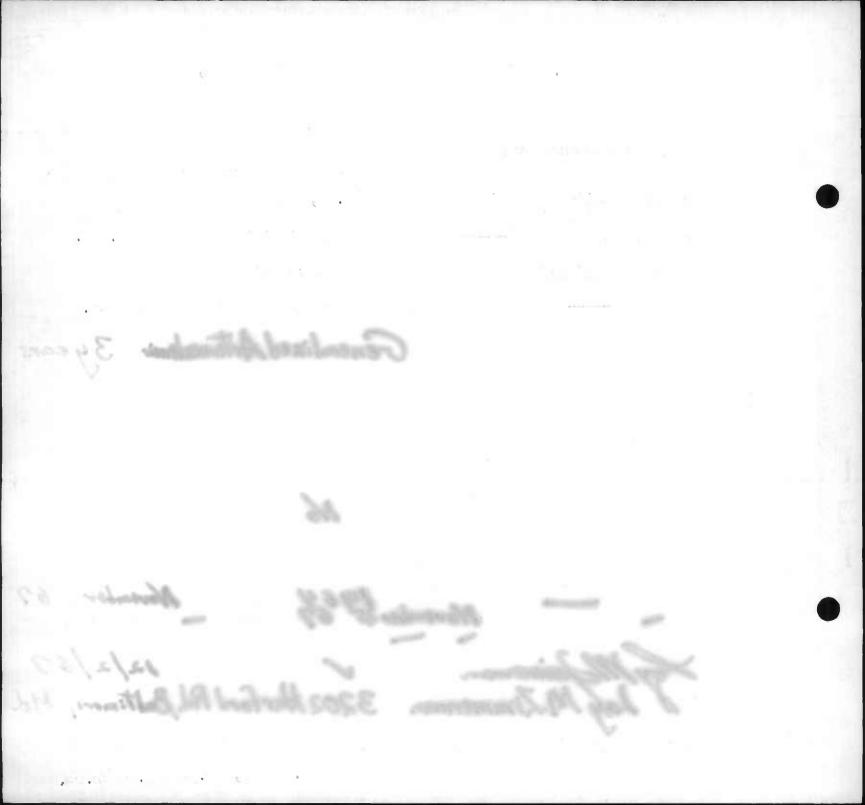
M.E. CASE NO.				
1. NAME OF DECEASED		2. DATE A	ND HOUR PRONOUNCE	D DEAD
(Type or Print)  GEORGE FE	PNTNC	Dogg	mbon 2 1067	1 7.27 - 44
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROPERTY OF THE NOT IN HOSPITAL OR INS	MENDED	A. STATE Maryland	B. COUN	
HOSPITAL OR ADDRESS OR LOCATION)	12-6-67	C. CITY OR TOWN (If outsi	de corporote limits, write	RURAL and give township)
Johns Hopkins Hospita	1 D.O.A.	D. STREET ADDRESS (If ruro	l, give location)	1 0
GIG.		2233 E. Pra	att St.	
WIDOWE	ED, NEVER MARRIED D, DIVORCED (specify) Anied	10/4/109	9. AGE (In years lost birthday)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)		0 1	gn country)	12. CITIZEN OF WHAT COUNTRY?
YUANA 13. FATHER'S NAME		Baltimore, 114. MOTHER'S MAIDEN NAM	laryland.	USA
Bernard Ferning		Katherine	Knaus	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of servic	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	213-05-2324	Mrs. Marie K.	Ferning 22	33 E. Pratt St
(This does not meon the mode of dying, enheort foilure, ostherio, etc. It means the diseosinjury or complication which coused death.)  ANTECEPENT: CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED	IG DUE TO  (C)			
~ /	OR WHICH OPERATION	Yes -No-	20B. IF YES, WERE FIN	
UTING CAUSE OF DEATH.	1B. PLACE OF INJURY (e.g., i ome, form, foctory, street, o tc.)	n or obout 21C. WHERE DID	(If in Boltimore City, give	e exoct location)
21 D TIME (Month) (Doy) (Yeer) (Hour) (APPROX.)	WHILE AT NOT NOT WORK AT W	21F. HOW DID INJ	URY OCCUR?	
22. I certify that I held on Inquiry	ZHEPKERSE X ZX Aut		his bosis, death In my	
ACTUAL SIGNATURE	Accident Suicide	CHIEF MEDICAL E	XAMINER X	DATE SIGNED
EXAMINER'S NAME (Type) Edward F. W:	ilson, M.D.	ASSOCIATE MEDICAL E		December 3, 1967
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	Sacred Heart	(emetery	Baltimore,	town, or county) (Stote)
	ME OF REGISTRAR	24C. FUNERAL DIRECTO		ADDRESS
DEC 5 1967 R.C.	68 do 1	y John A. Mon	an, Inc. 3000	O E. Baltimore \$
VS 151-REV. 1/1/65	7		1 1	

M.H

-200

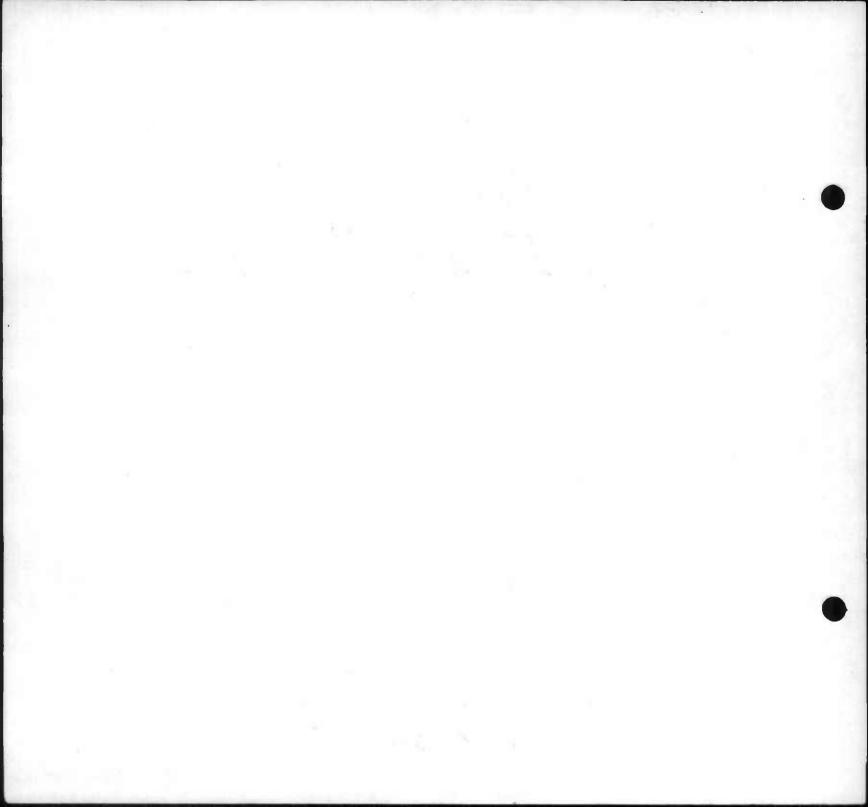
	67 11	SAS BALTIMORE CITY	HEALTH DEPARTMENT		67 11619
BIRT	H NO.		TE OF DEATH	Registered No.	
	AME OF DECEASED			ND HOUR OF DEATH	
	e or Print) - ,		All	1 -0 -	
3. F	FLORENCE A. Lewi PLACE OF DEATH IN BALTIMORE, MARYLAND	Δ	4. USUAL RESIDENCE (Who	ere deceased lived. If	7 10 institution; residence before admission
			A. STATE B. COUI	YTY	
	ULL NAME OF (If not in hospital or institut	ion, give street	Manyland		
	HOSPITAL OR oddress or location) NSTITUTION		C. CITY OR TOWN (If or	utside city limits, write	RURAL and give township)
	5		Baltimore		7-08
(	) 2567 Greenmount Ave	nue	D. STREET ADDRESS (IF	rurol, give location)	
			2567 Green	nount Avenu	ve.
5. S		RIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months! Doys Hours Min.
		widowed (specify)	Feb. 26, 1880	27	Minimas Doys Hours Name.
IđÀ	USUAL OCCUPATION (Give kind of work 10 B. KIN		11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF
	e during most of working life, even if retired)				WHAT COUNTRY?
	Tavern Owner	000 ma quaque ma	West Virgis	ria	U.S. A.
13.	FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
	Cannon M-001-1		M . C	1 11	
15.	George MacDonald Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Marie Sc.	rell	ADDRESS
(Yes	s,no or unknown) (If yes, give wot or dotes of serv	security No.			
	no	unknown	Clara Clyde	2567 Green	nmount Ave.
	18. 11 50.01	CAUSE O	FDEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		eneralized,	1.to.	7.
	LEADING TO DEATH		eneralized,	MALICINE SOLE	my Jyear
	(This does not mean the mode of dying, heart foilure, asthenio, etc. It means the disc				
	injury or complication which caused death.)				
	ANTECEDENT CAUSES	(8) DUE TO	***************************************		
	DISEASES OR CONDITIONS, if ony, gi				
	rise to the above cause (A) stating	. •			
	UNDERLYING CONDITION last.				
ы	II				
O	OTHER SIGNIFICANT CONDITIONS CONTRIBLE				
ATI	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	) THE			
IFIC	19A. DATE OF OPERATION 198. CONDITION I	FOR WHICH OPERATION	20 A. AUTOPS ! (Yes or N		FINDINGS CONSIDERED AUSES OF DEATH?
RTI	WAS PERFORMED		No	IN CERTIFIENG C.	AUSES OF DEATH:
CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exact location)
AL	DEATH (notify medical examiner)	etc.)	nice bidg., INJURT OCCUR?		
S		OLE MANAGEMENT	215 110111 515 111	IIInv o a auton	
AEC	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID IN	JORT OCCUR:	
<	(APPROX)	While At Not While At Work	° U		1 1 1
	22. I certify that (I) (the largest) attend	led the deceased from-	1964	19 to	November 19
	that (I) ( lost sow the deceased alive		25 10 67		
		and the second second	•		ominion deeth occurred on the do
	and hour and from the couses stated above	/e. (I) (Ma) (did) (did) v	iew the body ofter deoth.		
-	23A. SIGNATURE				238, DATE SIGNED
	Torse III - language	M.D. Afte	ending Med. Director	Stoff Phys.	Bultimore, Me
	23 C. PHYSI DAN'S		23D. ADDRESS	0 101	
	NAM (Type)		270214		R It. LA
	// ABN /*1.41)	THE PROPERTY M.D.	JUL MAI	1000 119	LANGE INDOCE TO THE

24A. BURIAL CREMATION, 14B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (St. Burial 12/4/67 Parkwood Cemetery Baltimore Maryland 25A. DATE REC'D BY HEALTH DEPY: 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR John A. Moran, Inc. 3000 E. Balto. St. VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained hefore the remains are embalmed or final disposition is made.

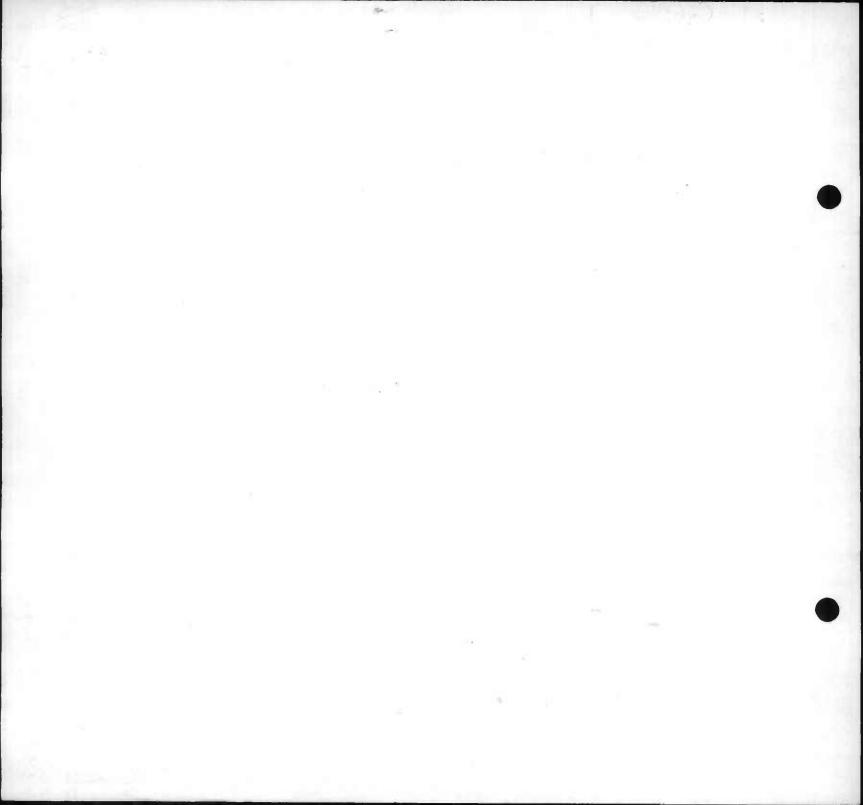
G-536  BALTIMORE CITY HEALTH DEPARTMENT	0
BIRTH NO. M.E. CASE NO.  67 11620 CERTIFICATE OF DEATH  Registered No. 67 1162	U
2. DATE AND HOUR OF DEATH	5 P M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, If institution; residence before A, STATE B, COUNTY	admission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION  C. CITY OR TOWN (If outside city limits, write RURAL and give street)	Bet
BOLTON HILL NURSING HONGE D. STREET ADDRESS (Ill rurol, give location)	
905 M- Danopage St. Mc DONO	
WIDOWED, DIVORCED (specify)  WILLIGUET  5-4-96   lost birthday)  Months Days Hours	nder 24 Hrs. Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHRIA CE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY  Conaumeer  A Syrvey Co  Thursday  The Country  The C	?
13. FATHERS NAME  14. MOTHERS MAIDEN NAME  14. MOTHERS MAIDEN NAME  17. MOTHERS MAIDEN NAME  18. MOTHERS MAIDEN NAME  19. MOTHERS MAIDEN NAME  19. MOTHERS MAIDEN NAME  19. MOTHERS MAIDEN NAME  19. MOTHERS MAIDEN NAME	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
1/40 JOHO BOLTON HILL NURSING HOME- 1400 JOHO	
18. CAUSE OF DEATH INTERVAL BE ONSET AND	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.)  ANTECEDENT CAUSES  (B) DUE TO  (B) DUE TO	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which coused death.)	
DISEASES OR CONDITIONS, if any, giving	
rise la the obave couse (A) stating the (C) UNDERLYING CONDITION lost,	***********
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exect locofit	)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	on)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)  While At Not While At Work	
22. I certify that (I) (this hospital) attended the deceased fram 1/20 19 6 7 to 12/1	19.67
that (1) (we) last saw the deceased alive an	an the date
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.	
23A. SIGNATURE  23B. DATE SIGNED  M.D. Attending Med. Stoff	
23C. PHYSICIAN'S    23D. ADDRESS	7
NAME (Type) ALLAM H. MACHTMD. 2 FAST READ ST 21:	-4.5
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	(State)
THEMOVAL (Specify) 12/4 /27 BOLD STILLING (3 5-501 Fredrick as	E.
25A, DATE REC'D BY HEALTH DEPT.   25B, NAME OF REGISTRAR   25C, FUNERAL DIRECTOR   ADDRESS	1
DEC 5 1967 Robert E. Jarbuna Bouch T. Elickean 1/297 Can	estinis
VS 150-REV. 1/1/65	



FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

C-636	BALTIMORE CITY	HEALTH DEPARTMENT	Cry +4000
BIRTH NO. 47-24143 67 116	322 CERTIFICA	TE OF DEATH Registered No.	52011 70
T. NAME OF DECEASED (Type or Print)  BABU 61	DI CAR	7ED DEC 2 196	7 8.30 P.
3. PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If ins	titution: residence before admission)
FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location) INSTITUTION	on, give street	C. CITY OR TOWN (If outside city limits, write R	URAL and give township)
37 Mercy	Jospilal	D. STREET ADDRESS (If rural, give location)	10-01
	HED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH  9. AGE (In years lost birthday)  100 2 1967 5 600	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KINE done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME  UNKNOWN		14. MOTHER'S MAIDEN NAME	teve
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS 938/1/1/5/Pt
[18, ]	CAUSE O	F DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(P)	LMONARY Agaline	Manhor and DEATH
(This daes not mean the made of dying,		FILLOWARY 1.700	viene rene
heart failure, asthenia, etc. It means the dise- injury or complication which caused death.)	ase,	1. Del	20 2mach
ANTECEDENT CAUSES	(B)	nrnthwaty	of welfa
DISEASES OR CONDITIONS, if ony, give	ving		
rise to the obove couse (A) stating UNDERLYING CONDITION lost.	the (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE		
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examine)	21B. PLACE OF tNJURY (e.g., i home, form, foctory, street, o etc.)		City, give exoct locotion)
21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At Not While Work At Work		
22. I certify that (I) (this haspital) attended	ed the deceased from 16	200 2 1967 to De	c 2 19 6 >
that (1) (we) last saw the deceased alive	an Ale 2	19 6 7 ond that in (my) (aur) opin	
ond hour and from the couses stated abov	e. (I) (We) (did) (did nat)	riew the bady ofter death.	23B. DATE SIGNED
nome Pen	aflor M.D. Att	ending Med. Stoff Phys.	Dec 2,67
23C. PHYSICIAN'S NAME (Type) NORMA	ENAFLADM.D.	23D. ADDRESS	
24A. BURIAL CREMATION, 24B. DATE 246.	C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (CIT	y, town, or county) (Stote)
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 5 1967 R.C. 2. 8.	Story May	IN JULIANO, Eliando	1127/1, Westens



BALTIMORE CITY HEALTH DEPARTMENT 11623 Registered Na. BIRTH NO. CERTIFICATE OF DEATH rect or contributing cause of death (4) Undetermined cause; (5) Deceased M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type of Print)

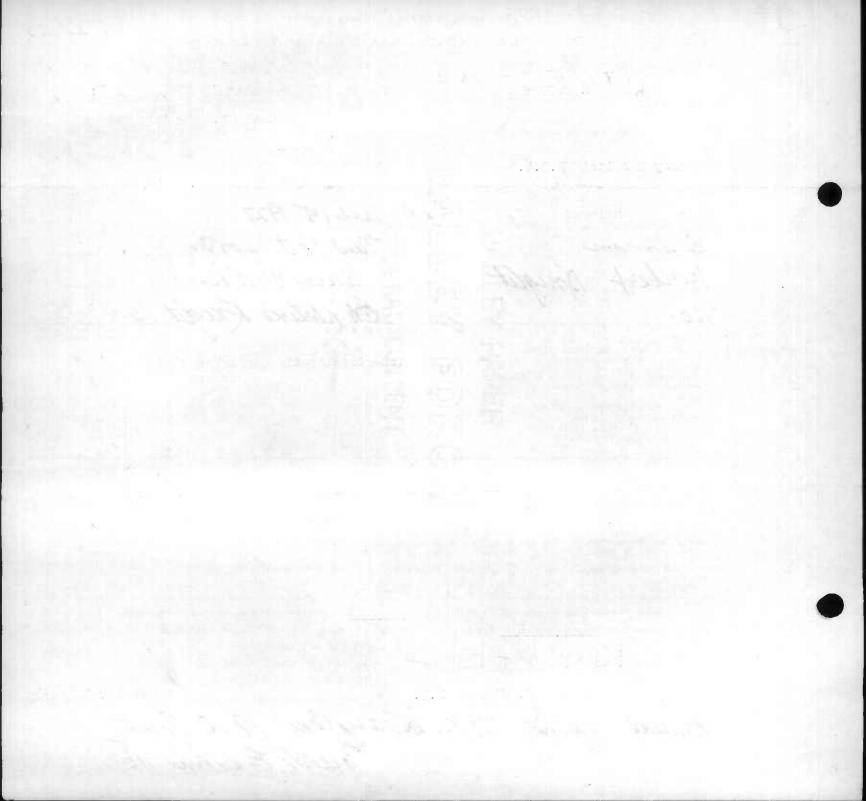
3. PLACE OF DEATH IN BALTIMORE, MARYLAND U<sub>O</sub> Pec. a hospital eath. 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission)
A. STATE
B. COUNTY ance MARYLAND FULL NAME OF (If not in hospital or institution, give street Ö HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give worship attend INSTITUTION THE JOHNS HOPKINS HOSPITAL = prior (If rurol, give location) NORTH AVENUE occurred 816 EAST in regular or final disposition is mad 8. DATE OF BIRTH 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months Doys If Under 24 Hrs. eceased DIVORCED WIDOWED, NEVER last birthday) Hours NEGRO MALE 10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF death WHAT COUNTRY? done during most of working life, even if retired) O Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct JAMES DIXON
15, Was Deceased Ever in U. S. Armed Forces?
(Yes, no arunknown) (II yes, give war or dates of service) UCELLE MATHIS death uo ADDRESS 6. SOCIAL SECURITY NO. attendance any pronounced INTERVAL BETWEEN ONSET AND DEATH his DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, the chief medical examiner regular injury or camplication which caused death.) who ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, 10 Chronic ACTIVE HEVATITIS 3 to the above cause (A) stating the physician UNDERLYING CONDITION last. the remains Was medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE No physician DISEASE OR CONDITION CAUSING IT. Body 198, CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERMENTING CAUSES OF DEATH? the 9A. DATE OF OPERATION 0 obtained before 3 where 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, larm, loctory, street, olfice blog., INJURY OCCUR? Baltimare City, give exact location) to the hospital MEDICAL DEATH (notily medical examiner) etc.) nature; 21F. HOW DID INJURY OCCUR? 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 9 OF INJURY be approved Not While (except While At (APPROX.) and Work At Work any 22. I certify that (1) (this hospital) attended the deceased from NOV 5 Fun Dec 19 67 death); pe that (1) (we) last saw the deceased alive an and that in (my) (our) apinian death accurred an the date hospital must and haur and fram the causes stated abave. (1) (We) (did) (did net) view the bady after death. the body was released accident 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Staff Phys. eceased prior to Director written approval 0 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) at shows: (1) An STEPHEN was D.O.A. 24A. BURIAL CREMATION. 24C. NAME of CEMETERY REMOVAL (Specify) 258. NAME OF REGISTRAR FUNERAL DERECTOR REC'D BY HEALTH DEPT. ADDRESS V\$ 150-REV, 1/1/65



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate the body was re shows: (1) An ac was D.O.A. at a deceased prior written approve

BIRTI	-615				HEALTH DEPARTMENT		67 11624
AAE	H NO. . CASE NO.	67	11624	CERTIFICA	TE OF DEATH	Registered No.	Ur dauga
1. N	AME OF DECEASED	ORBIN.	. cuil	liam		D HOUR OF DEATH	7:05 P
3. P	LACE OF DEATH IN	BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (When		stitution: residence before odmissio
Н	ULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital a address or location		ive street	1.03	side city timits, write	RURAL ond give township)
1	foliation		A		D. STREET ADDRESS OF	rurol, give locotion)	1600
G	INION Y	nemor'	1737	JOSP.	1 - 11	11L FORd	AVE.
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	USUAL OCCUPATION during most of working		108, KIND OF	BUSINESS OR INDUSTRY	11, BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
C		PERMOR	We	Sting House	VA.		4,5,4.
13. F	FATHER'S NAME	2			14. MOTHER'S MAIDEN NAM	ΛE	
	Was Deceased Ever			1 6. SOCIAL	17. INFORMANT (5/37	ER)	ADDRESS
res	, no or unknown) (If ye	s, give wor or dote	s of service	SECURITY NO.	MARIE REE	SE 242	22 Guilford AL
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	heart failure, osthe	nro, etc. It meons	the diseose,	00110			
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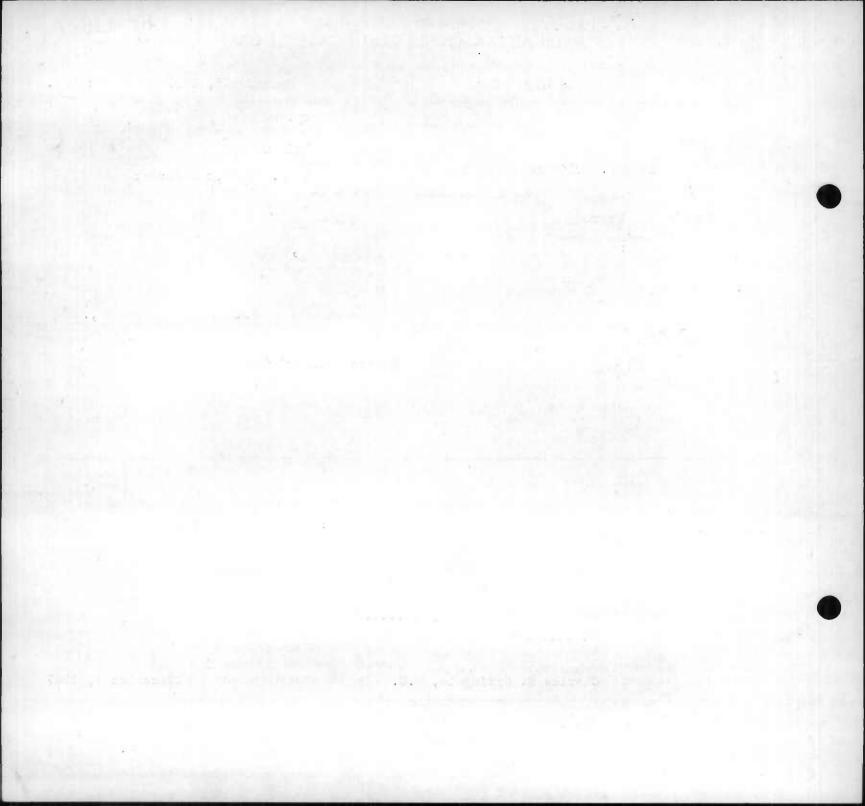


•	FUNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPORTAN	H			
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	y the chief medi	cal examiner	or his assistar	t if death o	ccurred in a	hospital	and
the body was released to the hospi	I to the hospital by a medical examiner. Also, if the direct or contributing cause of death,	al examiner.	Also, if the d	irect or col	ntributing co	use of de	ath
shows: (1) An accident of any nature	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	s; (3) A fractur	e of any kind,	(4) Undeter	rmined cause	;; (5) Deceo	sed
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	here the physic	cian who pro-	nounced deat	h was in r	egular atten	dance on	the
deceased prior to death); and (6) I	th); and (6) No physician was in regular attendance on the deceased prior to death. Such	is in regular	attendance o	n the decec	ised prior to	o death. S	uch

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 12-3-THOR 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 10 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence A. STATE B. CDUNTY MACHLAND FULL NAME DE (If not in hospital or institution, give street HD SPITAL DR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION GLEN BURNIE sed prior CENERAL GEL 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours Min. Hours WIDOWED, DIVORCED (specify) lost birthdoyl disposition is IOA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) PENNSYLVANIA USA NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 3040EMAKER 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. NU OL INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH DUE TO (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION Iosi. remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? obtained before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (notify medical examiner) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPRD X.) At Work 22. I certify that (I) (this haspital) attended the deceased fram 10 17 19 6.7 to 12/3 12// that (1) (we) last saw the deceased alive an ... and that in (my) (our) aplnian death accurred on the date Pe and have and from the causes stated above. (1) (We) (did) (did nat) view the body after death. must 23A. SIGNATURE 23 B, DATE SIGNED Attending Phys. Med. Director approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type deceased | 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION [Stote] REMOVAL (Specify) Glen Haven Memorial Park Burial Dec.67 Glen Burnie. Maryland 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL/DIRECTOR ADDRESS Burnie Sp. VS 150-REV. 1/1/65

HARLE F. WARRAL Maylow Dr. Kay

IAME OF DE e or Print)	CEASED URSU	LA CA	AREY		nd hour pronounc mber 1, 1967		8:00 A.
LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	UNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. If inst	itution: resid	M.
L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland c. CITY OR TOWN (If outsi			d give township
itution	ADDRESS OR LOCA	A TION		Baltimor		16	-06
201	1019 N. Arlin	gton Sti	reet	D. STREET ADDRESS (If ruro 1019 N.	Arlington St	reet %	UE.
х	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under Months	1 Yr. If Under 24 Hrs. Days   Hours   Min.
emale	Negro	FIOR WIND O	E BILGINESS OF INDISTR	2/3/41 YII. BIRTHPLACE (State or fore	26	12. CITIZE	N OF
during most of	working life, even if retired)	KIOS. KIND OI	L BO 214522 OK 114 DO 21K	TIT. BIKTHPLACE (Stole of lote	ign country)	WH A1	COUNTRY?
H. OU	sewife		Home	Hamilton vir		U	S A
		- 40 00		Imogene Care			
	ED EVER IN U.S. ARMEI		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	
				Mrs Ursula	Young, 122	Oates	St, Washingt
3. 70			CAUSE	OF DEATH	- 0,		INTERVAL BETWEEN
DISEA							ONSET AND DEATH
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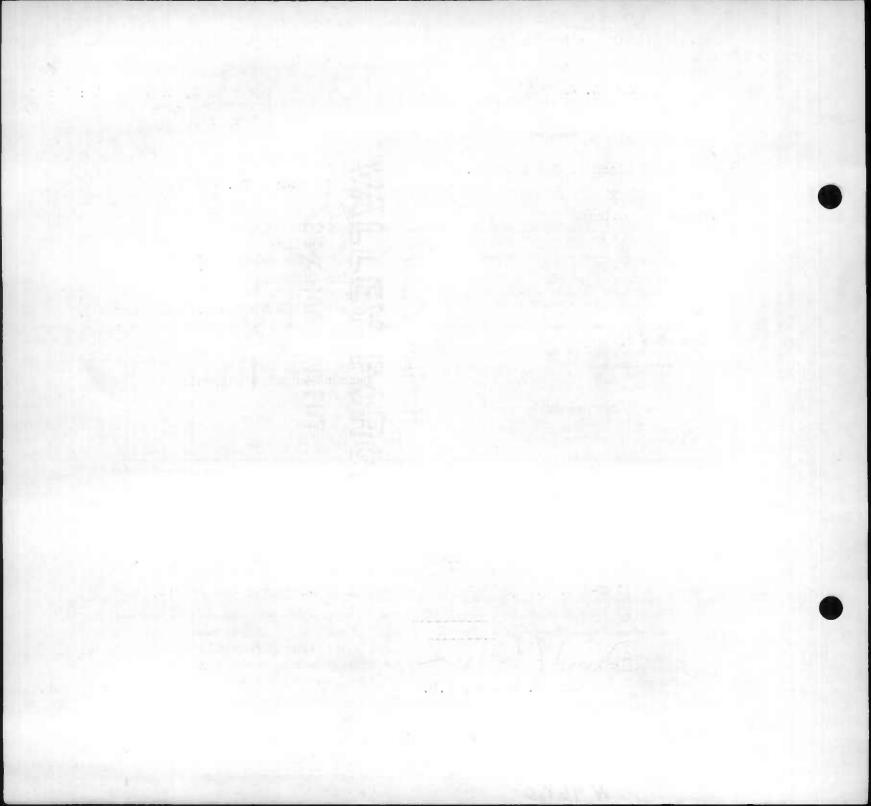


VS 151-REV. 1/1/65

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5-5/2

		67 11628		BALTIMORE CITY HEAL					1162	8
BIRT	H NO.	MEDI	CAL EX	AMINER'S CI	ERTIFICAT	TE OF DI	EATH Register	ed No		
-	CASE NO.									
1. P	NAME OF DEC	EASED				2. DATE AND	HOUR PRONOUNCE	D DEAD	10	
		ALICE L. SAMP		INCED DEAD	4. USUAL RESID		ember 3, 19	lution: resid		0 a M. odmission)
FUL HO INS	L NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION)	TION, GIVE STREET	C. CITY OR TOW	VN (If autside o	aryland	RURAL on	give towns	hip)
4800 block of Old York Rd.				Rd.	D. STREET ADDR		ive location)			
5. S	EV	6. RACE	7 AAADDIED	NEVER MARRIED	8. DATE OF BIRTH	McCabe {	9. AGE (In years	If Under	1 Yr. If Und	or 24 Hrs
	emale	Colored		S S S S S S S S S S S S S S S S S S S	9/5/32		lost birthday)	Months	Doys Hours	Min.
		vorking life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	North Car		country)	12. CITIZE	COUNTRY?	
13.1	ATHER'S NAM	I E			14. MOTHER'S M.	AIDEN NAME				
	Sylve	ster Royal			Pauline S	Sampson				
		D EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT			ADDRESS		
(Yes	no or unknown	(If yes, give wor or dote:	of service/	SECURITY NO.	M s Pau	line Wil	lliams, 260	2 Garı	ret Ave	
MEDI	(This does heart foilure, injury or continuity or continui	WAS PERF L CAUSE WAS FOR CONTRIB- SE OF DEATH.  (Month) (Doy) (Year  12 2-3 67  Iffy that I held an Inted from: Natural cau  URE URE URE Type) Edward	dying e.g., the disease, leath.)  NY, GIVING ATING THE  CONTRIBUTING ATING THE  21B., home etc.,  (Hour) 2 ? m., v  riguiry  F. Wil:	DUE TO  (B)	20A. AUTOPSY  in or obout 21C. White X Sork X Sociate M  20 A. AUTOPSY  A Since bldg. Injury  21F. HC  21F. HC	? (Yes or No) 20 In No In Occur? +800 blect for that an this de Un EDICAL EXA	Ek Old York Y OCCUR?  Found in ca basis, death in m determined manne MINER  MINER  MINER  MINER  MINER  MINER  MINER	Rd.  r, Par	cked  DATE SI  DET 3,	GNED
	BURIAL CRE	1)		C. NAME OF CEMETERY O	OF CKEMATORT	23 D. LO	A Countyb	town, or o	oomy,	(SIGIE)
244	Burial DATE REC'D	12/6/6 BY HEALTH DEPT.	7 . 1248, NAME	Mt. Calvary	Cemet PV	A DIRECTOR	A COUNTRY		DDRESS	
247		DEC 5 1967	Robert	E, Farberry			1206 W Nor			



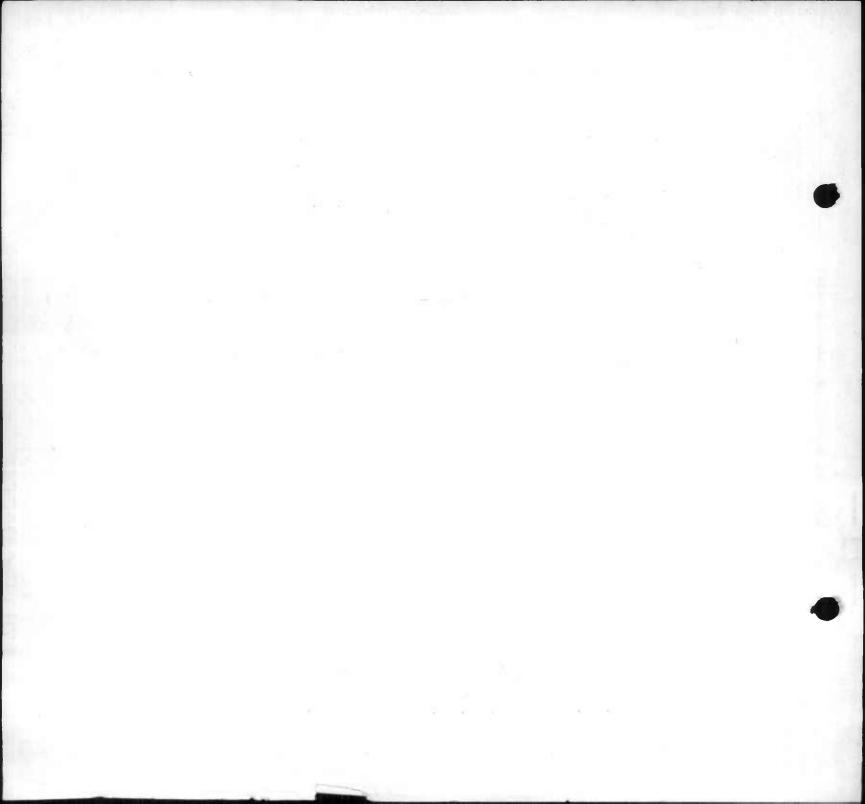
	or contribundetermin in regula
APORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occur the body was released to the hospital by a medical examiner. Also, if the direct or contrib shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermin was D.O.A. at a hospital (except where the physician who pronounced death was in regulatedersed prior to death); and (6) No physician was in regular attendance on the deceased written approval must be obtained before the remains are embalmed or final disposition is ma
CTOR: IA	aminer or aminer. Als A fracture of the prenour regular att
FUNERAL DIRECTOR: IMPORTANT	a medical excody burns; (3) he physician wesician was in the remains arther emains ar
FUL	roved by the cl te hospital by y nature; (2) B xcept where tl ind (6) No phy
	released to the accident of an accident of an tan hospital (e.) or to death); a
	This certificat the body was shows: (1) An was D.O.A. at deceased pric written appro

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 67 11629 ributing cause of death ined cause; (5) Deceased ilar attendance on the table. Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) T.IIT.A CLARK DECEMBER 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) C. CITY OR TOWN (If autside city limits, write RURAL and give taxinship) Bryant Ave Baltimore D. STREET ADDRESS (If rural, give location) Bryant 5. SEX 9. AGE (In years 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthday) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of warking life, even if retired) Domestic North Carolina U S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James W Fields Nettie 15. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor ar dates of service) FECURITY NO 26] LaBoo 1731 Linden Ave Mrs CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does na) mean the made of dying, e.g., heart failure, as)henia, e)c. 1) means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? U 21A, ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? (If in Boltimare City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21 D. TIME OF INJURY (Manth) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last sow the deceased alive an... ond that in (my) (aur) opinion death accurred an the date and hour and from the causes stated abave. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATUR 23B, DATE SIGNED Med. Director M.D. Attending Phys. Stoff Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 1924 W. North Avenue Baltimore Burwell M 24A, BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY (City, tawn, or county) REMOVAL (Specify)

258 NAME OF REGISTRAR

Baltimore Md 125C. FUNERAL DIRECTOR ADDRESS Adolphus Halstead 1206 W North Ave



	M - 7	753 00	1200	BALTIMORE CITY	HEALTH DEPARTMENT		67 110	20
BIR	H NO.	-0 1 67	1163	CERTIFICA	TE OF DEATH	Registered No.	41 1100	30
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(Тур	e or Print)	Nicholas	Me:	zzanotti	12	-3-67	18 30	P M.
3. 1	PLACE OF D	PEATH IN BALTIMORE, MA			A. STATE B. COL		nstitution: residence before	ore odmission)
	FULL NAME	R oddress or location	1)		MARYLAND	auteida city limite write	RURAL and give towns	hio) - A
1		BALTIMORE CITY		ALS	BALTIMORE		KOKAL OIIU give	-0/
		1940 EASTERN AV			D. STREET ADDRESS	ff rural, give location)		
1	2/1	BALTIMORE, MARY	LAND 2	1224	2017 E. PRA	IT STREET 2	1231	
5. 9	MALE	6. RACE WHITE		NEVER MARRIED D, DIVORCED Ispecify) TED	8. DATE OF BIRTH 7-30-25	9. AGE (In years lost birthday)	If Under 1 Yr. If Months Doys Hou	Under 24 Hrs.
		CUPATION (Give kind of work of working life, even if retired)	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTI	RY?
100	Line		Wate	r Front	MARYLAND		U. S. A.	
13.	FATHER'S N	AME DOMENTO MEZ	ZANOTTI		14. MOTHER'S MAIDEN N MARY DI	SAL A		
15.	Was Deceas	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
(Ye	No or unkno	wn) (If yes, give wor or dote	s of service)	SECURITY NO.	DOMESTICS OF STREET	MORE CITY HO		
-	18.	// 0 /		CAUSE O		EASTERN AVE.	BALTO MD 2	
	0 6	ASE OR CONDITION DIE	ECTLY	Gridge of			ONSET ANI	
	0.00	LEADING TO DEATH		(A) A	legation Cor	ue.		
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		OR CONDITIONS, if the obove couse (A)			ye lanti	a she we		
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CAI	DISEASE C	OR CONDITION CAUSING I	т.	WHICH OPERATION	20A. AUTOPSY? (Yes or	Noll 208 IF VEC WERE	FINDINGS CONSIDER	ED.
RTIFI	TA. DATE	WAS PERI		WHICH OFERATION	NO	IN CERTIFYING CA	AUSES OF DEATH?	
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	23A. SIGNA	10.6	/ (	AL MID. Alle	ending Med.	Stoff C	23 B. DATE SIGNED	2
	22C BUYEL	I were No	Dru	Phy	s. Director	Physic		5-67
	NAME	Type MARK LOWMZ		11	11131	1	SPITALS	2400:
244	BIIDIAL		DWM.	M.D.			BALTO., MD.	
245	REMOVAL	L (Specify)		AME of CEMETERY of CRE	7		City, town, or county)	(Stote)
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25/	DEC	5 1967 R.C	-	OF REGISTRAR	The Dippel		ADDRE	
145	150-PEV 1/	1/45						

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Much Key words

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2SC. FUNERAL DIRECTOR

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT

IPTH NO

M.E. CASE NO.

I NAME OF DECEASED

BY HEALTH DEPT

2SA. DATE REC'D

VS 150-REV, 1/1/65

OF

ERTIFICATE OF DEATH

Registered No.

9 - 04 - 47 : 12/4/107 White I will a rich 2917 E. FEBERAL ST 6/22/02 MALE NEGRO WIDDELED Recurrent Squamous (2) mm2-341 Interted facial lesion 100 7/10/67 Ca of mouth Rutard G. Yarry

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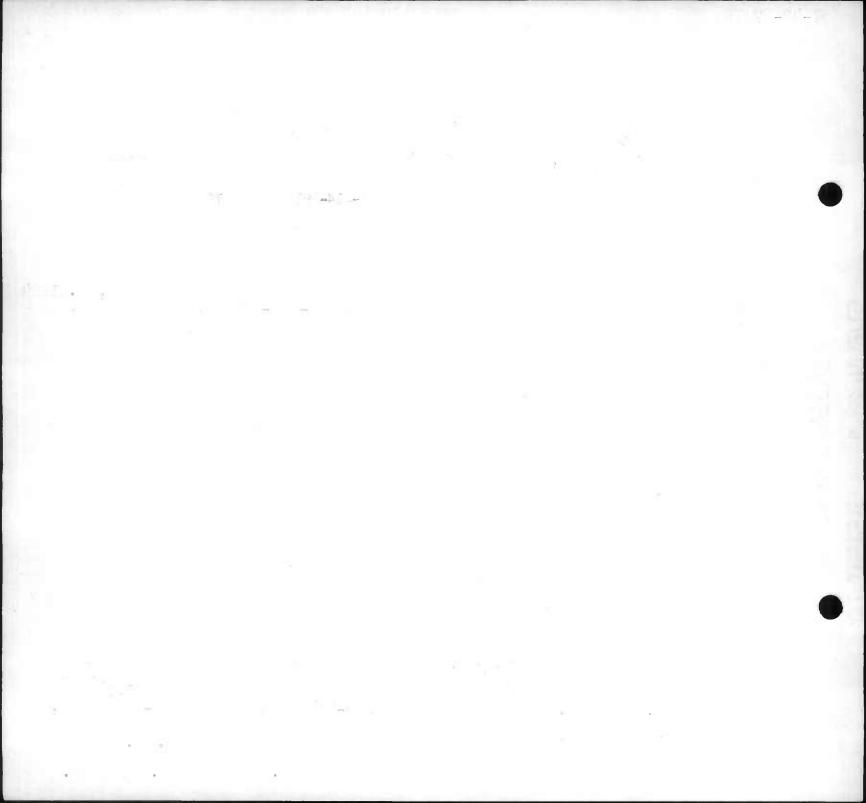
Was

of hospital eath)

An accident

certificate must

50-42-87 1IB BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) JAMES :20 6 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY MARYLAND FULL NAME OF (If not in haspital ar institution, give street HOSPITAL OR oddress or lacation) C. CITY OR TOWN (If outside city limits, write RURA) INSTITUTION BALTIMORE CITY HOSPITALS BALTIMORE 4940 EASTERN AVENUE D. STREET ADDRESS (If rural, give location) BALTIMORE, MARYLAND 1016 WEBB COURT 21202 6. RACE MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX B. DATE OF BIRTH If Under 24 Hrs. If Under 1 Yr. Hours WIDOWED, DIVORCED (specify) last birthday Months Doys MALE NEGRO DIVORCED 33 14- 91 IGA USUAL OCCUPATION (Give kind of work) OB KIND OF BUSINESS OR INDUSTRY BIRTHILAUE (Stote or foreign county) 12. CITIZEN OF WHAT COUNTRY? dane during mast of working life, even if retired) USA Chauffeur Private Family BAHAMA ISLANDS 13. FATHER'S NAME MOTHER'S MAIDEN NAME LUCY JAMES Ingraham 15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknawn) (If yes, give war ar dates of service) 17. INFORMANT 1 6. SOCIAL BALTIMORE, MD .21224 SECURITY NO. RECORDS-BCH-4940 EASTERN AVENUE, NO CAUSE OF DEATH INTERVAL BETWEEN 04 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenio, etc. If meons the disease, injury ar complication which coused deoth, ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION IOSI. П ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes ar Na) 20 B. IF YES. WERE FINDINGS CONSIDERED CERTIFI IN CERTIFYING CAUSES OF DEATH? YES 21B. PLACE OF INJURY (e.g., in ar about 24C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Baltimare City, give exact lacotion) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (natify medical examined 21 D. TIME (Day) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Year) OF INJURY While At Not While (APPROX.) Wark At Wark 22. I certify that (I) (this hospital) attended the deceased from 19\_ that (!) (we) last sow the deceased alive on... ... and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove. (1) (We) (did) (did not) view the body ofter deoth. 23A, SIGNATURE 23 B. DATE SIGNED Med. M.D Attending 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) DR. TERRY AVENUE\_BALTIMOR EMD BCH-4940 DATE 24C. NAME OF CEMETERY OF CREMATORY REMOVAL (Specily) Burial 12/7Mount Auburn Cemetery Baltimore CO. MD. 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Herbert E. Nutter 3035 W. North Ave. Yb VS 150-REV. 1/1/65



	H NO. . CASE NO.		67 1	1633				DEATH	Registered Na	67	11633	}
1. N	e or Print) LA	SHIEY.	Tehster	Allen	or le	2200		2. DATE AN	ND HOUR OF DEATH		2:55	p
	LACE OF DEA				~ = 3	3-E @ Y	4. USUAL		re deceased lived. If			dmission)
	ULL NAME O		in hospital or or location)	institution, gi	ve street		A. STATE MAI	RYLAND	BATLIMORE C	ZITY		
	MODIFICATION	VETERAN		ISTRAT.	ION HOS	PITAL		TIMORE, M	tside city limits, write	RURAL ond g	give township)	
6	27	3900 LO BALTIMO	CH RAVE RE, MAR		EVARD 21218		D. STREET		rurol, give location)	6	-0	3
5. S	LE	6. RACE NEGROI	D		DIVORCED (		B. DATE O	F BIRTH 4-37	9. AGE (In years lost birthdoy) 30	If Under 1 Months D	Yr. If Under	r 24 His. Min.
	USUAL OCCL		kind of work 10		BUSINESS OR	INDUSTRY	11. BIRTHP	LACE (Stole or fore	ign country)	12. CITIZEI WHAT	N OF COUNTRY?	
	EVER EMP		II Telliou,				BAI	TIMORE, M	RYLAND		S. A.	
13.	FATHER'S NAA	ΛE				1	4. MOTH	ER'S MAIDEN NA	ME			
TI	HOMAS S	HAW					ALF	BERTA LAS	HLEY			
15. Yes	Nos Deceosed , no or unknown	Ever in U. S.	Armed Forces	of service)	6. SOCIAL SECURITY		7. INFOR	MANT VET AT	MIN HOSP RE	CORDS	DDRESS	
Y	and the		55 TO 8		213-34		390		VEN BLVD, E		E. MD 2:	1218
	(This does n heart failure, injury or com	asthenio, etc aplication whi ANTECEDENT	mode of dy the means the character decreased d	ying, e.g., e diseose, eath.)	D (8)	POSSIB	ED, A	CTIVE. BERCULOUS	MENINGITIS  (ETIOLOGY	TELY MO	ONTHS ONTHS	ATH
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ATION	TO THE D	FICANT CON EATH BUT CONDITION (	NOT RELATE	NTRIBUTING D TO THE		NONE						
CERTIFICATION	19A. DATE OF	OPERATION	198. CONDIT WAS PERFOI		HICH OPERA	TION	20 A. A.	UTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING C.	FINDINGS C AUSES OF DE	ONSIDERED ATH?	
CAL	21A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAU	SE OF					IC. WHERE DID NJURY OCCUR?	(If in Boltimo	ore City, give	exact tocotion)	
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	that (IL (we)	I fram <sub>e</sub> the co	e deceased	alive an	27 NOVE	MBER.  AND. Atter	ew the b	67 and the ady after death.  Med. Director	19 67 ta 27 nat in (n) (aur) ap	23B. DATE	signed an	
	NAME (T		RINE N	r.D.		M.D.	7001	2900 TO		ULEVARD	d	
24A	. BURIAL CRE/	MATION, 24B			ME of CEMET		MATORY		OCATION (	D 2721	County)	(Stote)
<b>B</b> 25A	REMOVAL (S	BY HEALTH	2-4-6 DEPT. 25	7 Naz	CIONAL FREGISTRAR	(Cem	25C F	N / BO	altimon	e, M	ADDRESS	
	150-REV 1/1/	DF.L.	1967	Relieb	E, Jan	and from	Kar	idolgh Ji	Collick 29	+316,0	Oliver	St.

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67 11634 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 67 11634

M.E	CASE NO.									
1. N	AME OF DEC	CEASED	100				2. DATE	AND HOUR PRONOUNC	ED DEAD	
1170	e or min	TIAI	RRY GI				Max	vember 29, 19	67   1	:33 p M.
3. P	LACE IN BALT				OUNCED DEAD	4. USUAL	RESIDENCE (Wh	ere deceased lived. If ins	stitution: residence	
						A. STATE	Mana	B. CO	UNTY	
FUL HOS INS	L NAME OF SPITAL OR TITUTION	(IF NOT ADDRESS	IN HOSPITA S OR LOCA	L OR INST	ITUTION, GIVE STREET	C. CITY C	Mary OR TOWN (If ou	Tand utside corporote limits, wri	le RURAL ond give	township)
-	3						altimore		9 - 0	
	Tohns	Hopkin	as Host	nital	D.O.A.	D. STREET	ADDRESS (If I	ural, give location)	7	
01	John	J HOPICE	10 11001		2,0,11,	163	9 Asquit	h St.		
5. S	EX	6. RACE			D, NEVER MARRIED , DIVORCED (specify)	B. DATE O	F BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Months   Doys	If Under 24 His. Hours Min.
	Male		ored		NGLE	6-15	-194	8 19		
	during most of			10B. KIND	OF BUSINESS OR INDUST	RY IT. BIRTHP	ACE (State or fo	oreign country)	12. CITIZEN OF	INTRY?
90116	1 1	rer	in it temied/	Pn	ess Co	132	timon	e.Md.		
13. F	ATHER'S NAM	A E			000 00:	14. MOTHE	R'S MAIDEN N	AME		
	100	/	2			Ed	a 4.	1		
15. V	VAS DECEASE	D EVER IN U	S. ARM ED	FORCES?	16. SOCIAL	17. INFORM	ANT 1700	a	ADDRESS	
	, no or unknown								,	
	VPS		?		418-44-972	4FAN	a. Gree	CH 1639 N. F.	Pisaliti	1.54
	V8.	01V			CAUS	E OF DEAT				VAL BETWEEN
	4	61							ONSE	T AND DEATH
	DISEA	SE OR CONI	DITION DIR TO DEATH	ECTLY	Gu	hehot w	ound of	the chest		
	(This does	not meon the		dying, e.g		MOIIOC W	Julia OI	LIIC ONCOL		
	injury or co	mplication whi	ch coused d	ine diseose leath.)	ε,				1-1-7	
		ANTECEDENT	CALISES							
		OR CONDIT			G (B)					
	RISE TO TH	E ABOVE CA	USE (A) ST							
7	UNDERLYII	NG CONDITI	ON LAST.		(C)					
<u>Ö</u>		11								
¥	OTHER SIG	NIFICANT CO		CONTRIBU	TING					
윤	TO THE	DEATH BUT	NOT REL	ATED TO						
RTI	19A. DATE OF	R CONDITION			R WHICH OPERATION	20A AI	TOPSY2 (Yes or	No) 20B. IF YES, WERE F	INDINGS CONSID	ERED
CERTIFICATION	2	O'ERA HOIL	WAS PERF		WINCH OFERMION	200. 80	YES	IN CERTIFYING CAL		ERED
AL	21 A, EXTERN A	X CAUSE WA	AS	21	B. PLACE OF INJURY (e.g.	in or about				
O	UNDERLYING UTING CAU	OR CONTRI	8-	ho	me, form, foctory, street,	office bldg.,	NJURY OCCUR	?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 %
旦							Harfor	ed and Lanval	e St.	7-09
	21D TIME OF INJURY	(Month) (E	Doy) (Year)	(Houi)	21E. INJURY OCCURRED		Harfor	NJURY OCCUR?		
	(APPROX.)	11 2	29 67	1:30m	WHILE AT NOT	WHILE Y	Shot	(subject)		
	22. I cer	tify that I he	eld an Ir	quiry P	Inspection A	utopsy		this basis, death in	my opinian	
		ted from: N					omicide X	Undetermined mont		
			1	11	7			EXAMINER		
	ACTUA	LIK	^	L	20181				DA	TE SIGNED
	SIGNAT		un,	77	M.	D. ASSISTA	NT MEDICAL	EXAMINER		
	EXAMIN					ASSOCIA	TE MEDICAL	. EXAMINER		
	NAME (		Ec	ward	F. Wilson, M.	).		N	ovember 2	9. 1967
	BURIAL CRE		B. DATE		23C. NAME OF CEMETERY	OI CREMATO	RY 231	D. LOCATION (Cit	y, town, or county)	(Stote)
NEW Y	2 (Specify	1	7-11-	10	M+ Palus	210	01-11	Que Dans	1201 100	Md.
24A	DATE REC'D	BY HEALTH	DEPT.	24B, NAM	E OF REGISTRAR	124C	UNEDAL DIREC	TOR	ADDRE	SS
					99	0	101	180 00. 0	1	, 1.
		REC	1967	102.P.	of E. Sollen	Na	udolph	4. Colleck 24	431 E. Wi	ver st
VS	151-REV. 1/1/	65	875	1 20	CALZ II G	1111	00	68		
			Contract of the second	III. VALLE						

Sincle 6-15-1948 19 Labarek Press Con Balamone, 10d. Lerroy Green Edwa Hood T. HENNYTONE AND GOVERN HAS N. Alsgainle Se

Busies 13-4-67 Me. Calvary Coop Ame Amedel Co. 106.

Randolph Collicker St. Clair St.

VS 151-REV. 1/1/65

4-1-1930 35

63340

Bearing Tayron

CM 00 A.A

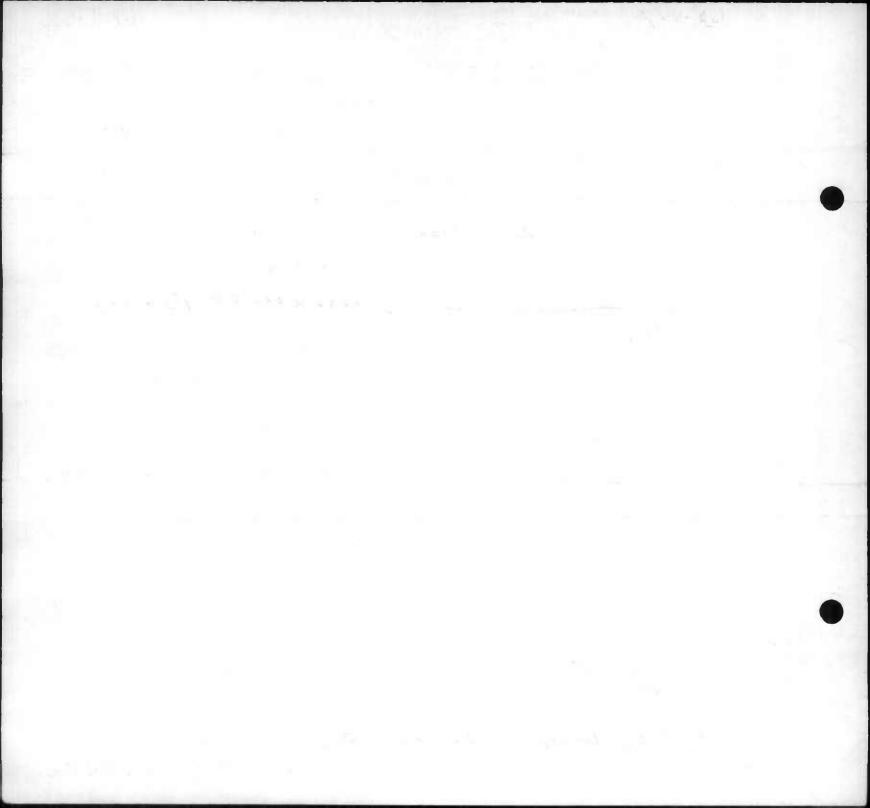
Venne Drummer -

5 6. Summoore, St.

Bring 12/2/27 BALTONATIONAL BALTONS

mank with bough hit is good really

ta.	1-614		BALTIMORE CITY	HEALTH DEPARTMENT		67 11636
BIR	TH NO. 11/20/94 67	116	36 CERTIFICA	TE OF DEATH	Registered Na	01 11000
	E CASE NO. 10 2138				AND HOUR OF DEATH	
	pe or Print) WARFIELD ,	MR. H	HOWARD R.		2/67	1/8M M
3. 1	PLACE OF DEATH IN BALTIMORE, M			4. USUAL RESIDENCE (WI	here deceosed lived. If ins	titution: residence before admission)
	FILL NAME OF Alf not in hospite	l or inetituti	ion give street	MARYLAND	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
- 1	FULL NAME OF (If not in hospite address or locate NSTITUTION		on, give street	C. CITY OR TOWN (If	outside city limits, write Rt	JRAL and give to vnship)
1	BON SECOURS H	SCPTT	· D /	BALTIMORE		1501
+					If rurol, give location)	
	FAYETTE Y PULASK	1 STre	2015	3719 Keswie	K Rd.	
5. 9	MAIR White	WIDO	NED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	LUSUAL OCCUPATION (Give kind of w.	ork 10B. KIND		11. BIRTHPLACE (State or fo		12. CITIZEN OF
	e during most of working life, even if retired	BE	TH, STEEL	BALTIMORE,		U.S.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
	HOWARD R. WA	RFIELL		MONROE		
15. (Ye	Was Deceased Ever in U. S. Armed F s,no or unknown) (If yes, give wor or de	orces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
	Nd -		214-05-3116	MARYWAR	FIELD (S	AME)
	18. 154 X I		CAUSE OI	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DEATH		do	1 rect	11111	1 4 1000
	(This does not mean the mode		e.g., DUE TO		\	A-WEEND_
	heart failure, asthenia, etc. It meaningury or complication which cous	is the dise		: voide sy	read rues.	anasen
	ANTECEDENT CAUS		(B)	1		
	DISEASES OR CONDITIONS, if		DUE TO			
	rise to the above couse (A					
	UNDERLYING CONDITION lost.					
RTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	LATED TO	TING PSILAS	Brond	lispreimi	oria, (days)
C	19A. DATE OF OPERATION 19B. CO	NDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE FI	NDINGS CONSIDERED
RT	WAS P	ERFORMED		YES	IN CERTIFFING CAU	SES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact locations
MEDIC	21D. TIME (Month) (Doy) (Yea	r) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
×	(APPROX.)		While At Not While			
	22 1	-1\1	Work At Work	1011 70	10 67. DE	C 7 1017
	22. I certify that An (this hospit that AN (we) last saw the decea					C 2 1967.
				-		ion death occurred on the date
	and haur and from the causes st	ated abov	e. (1) (%) (did) (did nat) v	iew the body after death		23B, DATE SIGNED
	11191	3-7	M.D. Atte	nding Med.	Stoff Phy s	13/2/11
	23C. PHYSICIAN'S	/	Phys	s. Director 23D. ADDRESS	Phy s	12/2/0/
	NAME (Type)		M.D.	ADDRESS		
24/	A. BURIAL CREMATION, 248. DATE	24	C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (City	y, town, or county) (State)
	BURIA (Specify) 12-5.	-67	WAUGH CH	IAREL	HAISFORD	Co.
25/	DEC 5 1967 (P.C.)		Talley MA	25C. FUNERAL DIRECTO	or Jones	Mester Ave
VS	150-REV. 1/1/65	NU C	, ACTABOOLINE	10000	26//	
- 40						



1	-520 67 1163	BALTIMORE CITY	HEALTH DEPARTMENT		67 11637
	H NO.	CERTIFICA	TE OF DEATH	Registered No	0.0 7.1.001
1 N	. CASE NO.  AME OF DECEASED  e of Print)  LACE OF DEATH IN BALTIMORE, MARYLAND	ing	Dec.	4, 1967	10:00 A.M
3. F	LACE OF DEATH IN BALTIMORE, MARYLAND	0	4. USUAL RESIDENCE (When	e deceased lived, if inst	ilution: residence before odmission)
i	CULL NAME OF (If not in hospitol or institution oddress or location)	, give street	c. CITY OR TOWN (16 out Baltimore		JRAL ond the fow ship)
	812 Belgian Ave.		D. STREET ADDRESS (IF		
5. 5	emale white wide		Nov. 25, 1887	80	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	USUAL OCCUPATION (Give kind of work 10 B. KtND ( during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei		12. CITIZEN OF WHAT COUNTRY?
	Housewife		Baltimore, 1	Maryland	USA_
13.	William Kraft		Eleanor M		
15. (Ye	Was Deceased Ever in U. & Armed Forces? 5, no or unknown) (If yes, give wor or dates of service NO	16. SOCIAL SECURITY NO. NONC.	Mrs. Eleano	r Sheeler	Phoenix, Md.
	18.42211	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Arte	rioscleratic	cardio-	10 7775
	(This daes not meon the mode of dying, e.	g., DUE TO	riosclerotic vascular	disease	
	heort foilure, osthenia, etc. It means the diseas injury or camplication which caused death.)	е,	A collection of the second of the		
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, giving tise to the above cause (A) stating the UNDERLYING CONDITION last.	ng			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
RTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
AL CE	OR CONTRIBUTING CAUSE OF	TB. PLACE OF INJURY (e.g., i ome, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
EDIC		1 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2		While At Not While Nork At Work			
	22. I certify that (1) (this hospital) ottended		ecember	1966 to Dece	mber 4, 19 67
	that (1) (wa) last saw the deceased alive or		4, 19 67 ond th	ot in (my) (our) opin	ion death occurred on the dot
	ond hour ond fram the couses stoted obove.  23A. SIGNATURE	(1) (#e) (did) (did-net) \	view the body offer deoffi.		23B, DATE SIGNED
	Il and E	Au lo M.D. Att.	ending Med.	Stoff Phys.	Dec. 4, 1967
	23C. PHYSICIAN'S NAME (Type) Lloyd E. Sa	ylor M.D.	23D. ADDRESS	unt Avenue	
24	A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY or CR			y, town, or county) (Stote)
	Burial 12/7/67 Gr	eenmount (em	etery Bo	Itimore, N	ld.
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAM	OF REGISTRAR	Leonard J.	Ruck, Inc	Baltimore, Md.
VS	150-REV. 1/1/65			1	

and No. 1 . - - - - - -

Licar E. Sugles

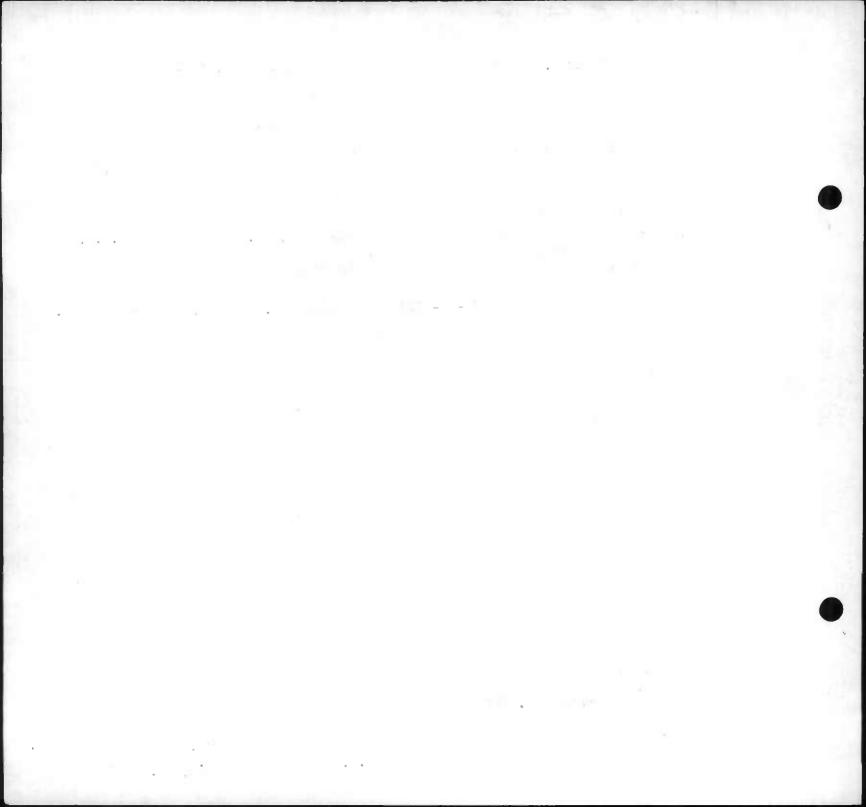
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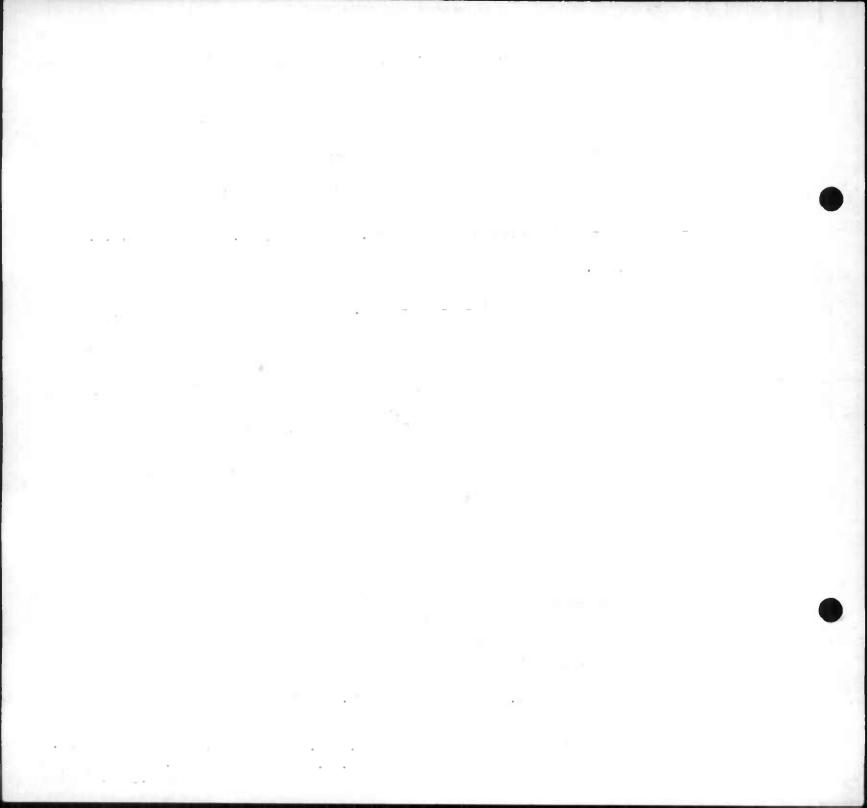
Total Committee to the second contract to the

Lacoust 3, Figure, Sec. | Late, all 1915 |

A-440	BALTIMORE CI	TY HEALTH DEPARTMENT	67 11620
IRTH NO.	57 11639 CEPTIFIC	ATE OF DEATH Registered No.	01 17099
A.E. CASE NO.	CERTITICA		
NAME OF DECEASED		2, DATE AND HOUR OF DEATH	1:30/
Type or Print) Irene	F. Allwell	December 1, 1967	2 - 1
PLACE OF DEATH IN BALTIMORE,		4. USUAL RESIDENCE (Where deceased lived, if in	stitution: residence before admission)
		A. STATE B. COUNTY	
FULL NAME OF (If not in hos	pital ar institution, give street	Maryland	A STATE OF THE STA
HOSPITAL OR oddress or lo		C. CITY OR TOWN (Il outside city limits, write	RURAL and pive township)
INSTITUTION		Baltimore 21212	James de plante
F 8 0 12	1 1 2 2 1	D. STREET ADDRESS (If rurol, give location)	
539 Ben	ninghaus Road	539 Benninghaus Road	0 - 136
00		337 Sentanghaus Roud	27-44
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	Il Under 1 Yr. If Under 24 Hrs
	WIDOWED, DIVORGED (specify)	lost birthdoy)	Months Doys Haurs Min.
+ W	Vivorced	1/6/1884 83	
		RY 11. BIR HPLACE (State at foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if ret			WHAT COUNTRY!
Housewife	Own Home	Baltimore, Md.	U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William Pares		Mark and the state of the state	
William Bayne		Margaret Lastner	
. Was Deceased Ever in U. S. Arme	d Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown) (II yes, give wor a	dotes of service) SECURITY NO.	4.44	
No	215-54-0752	Sylvester S. Allwell, 81	13 Evesham Aug
18. 4 / 15 - 1		OF DEATH	INTERVAL BETWEEN
450,0		0 1 1	ONSET AND DEATH
DISEASE OR CONDITION		11. A ( 1. 8.1.	
LEADING TO DE	(A) /	Meuz armac Manu	E
(This does not mean the mod			
heart failure, asthenia, etc. It m			
injury or complication which ca	used death.)	(enlexion Voresto	
ANTECEDENT CA	USES (B)		
DISCLOSE OF COMPLETONS	DUE TO		
DISEASES OR CONDITIONS,			
UNDERLYING CONDITION las			
ONDERENTION CONDITION TO	14		
_			
OTHER SIGNIFICANT CONDITION			
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS			
	CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Noll 208: IF YES, WERE	FINDINGS CONSIDERED
WAS	PERFORMED	20A. AUTOPSY? (Yes or No.) 200- IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
19A-DATE OF OPERATION 19B.		No	
21A. ACCIDENT WAS UNDERLYING CAUSE OF	NG 218. PLACE OF INJURY (e.g		e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, form, foctory, street,	affice bldg., INJURY OCCUR?	
	61047		
21 D. TIME (Month) (Doy) (	Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not W		<b>1</b>
(APPROX.)	Work At Wo		1
			1001 -67
22. I certify that (I) (fhis has	pital) attended the decaded from	20 196/ 10 K	196/
that (I) (we) last saw the dec	eased alive an Vec /	19.67 and that in (my) (aur) ap	inian death accurred an the do
	1		
and haur and from the causes	stated above. (I) (Web (did) (did not	I-view the bady after death.	
23A. SĮGNATURE	7 11		238. DATE SIGNED
1	Took M.D.	Attending Attending Staff	17/4/17
Maurence -	- 10-1	hys. Director Phys.	12/1/0/
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	111
NAME (Type)	auga C Bart	1605 11 1 2 1	,
Lattr	ence C. Post M.	D. 6805 York Road	
4A. BURIAL CREMATION, 248. DAT	TE 24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION (C	ity, town, or county) (State)
REMOVAL (Specify)			
Burial 12/4,	167 Halu Rodoomon	Baltimore.	Md.
SA. DATE REC'D BY HEALTH DEPT	167 Holy Redeemer 258, NAME OF REGISTRAR		OF Wath APPRESS
DEC 5 1967 (	Palot E. Jankey Mile	H.W. Jenkins Ersons Co. 49 Baltimore	13 1848 180aa
020 - 100.	DOLLO TI	Bacconore,	Mr. 71717
S 150-REV. 1/1/65			



	ORE CITY HEALTH DEPARTMENT
BIRTH NO. M.E. CASE NO.  67 11640 CERT	IFICATE OF DEATH  Registered No. 67 11640
1. NAME OF DECEASED FROHE, Archer M	12, of - Dec. 5th, (967) 25 A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A, STATE  B. COUNTY  A, STATE  B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or locotion) INSTITUTION	Maryland  C. CITY OR TOWN (If outside city limits, write RURAL ond give township)  Baltimore 21218
48 Maryland General Hospital	D. STREET ADDRESS (If rurol, give location)  3712 Monterey Road
5, SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED IS Married	pecify) 9/26/67   lost birthday)   Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR done during most of working life, even if retired) Hamilton Fede	INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Vice-President - Retired Savings & Loc	un Assoc. Baltimore. Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herman Frome, Sr.	Katherine Kemmeter
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	17. INFORMANT ADDRESS
No 2 14-03-40	
142x,140X	CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Circlesting of Liver 2 2 cols
(A)	IF TO
heort foilure, asthenio, etc. 11 means the disease, injury ar complication which caused death.)	with old ascites furany
ANTECEDENT CAUSES (B)	Gravesclustic carro- } years
DISEASES OR CONDITIONS, if any, giving	Jascular directs with
rise to the above cause (A) stating the (C)	Carciac failure 2 was
11	V
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	retes well-tus, Pulluma
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERAT	20A. AUTOPSY? (Yes or Not 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
(1) 21 A. A CCIDENT WAS UNDERLYING 218, PLACE OF INJ	URY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location), street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU	JRRED 21F. HOW DID INJURY OCCUR?
While At Work	Not While At Work
22. I certify that (I) (shic hespital) attended the deceased	A
that (1) (we) lost sow the deceased alive on 12/4/	
and hour and from the gauses stated abave. (1) (We) (did) (	
23A. SIGNATURE	238. DATE SIGNED
Hamiltoette Mi	M.D. Attending Phys. Stoff Phys. 12/5/67
23 d. PHYSICIAN'S Hans J. Koetter	23D. ADDRESS M.D. Md. General Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET	<u> </u>
REMOVAL (Specily)	alley Mem. Grds. Timonium. Md.
Burial 12/9/67 Dulaney V  25A. DATE REC'D BY HEALTH DERT. 25B. MAME OF REGISTRAR  DEC 5 196/ Color Col	H. W. Jenkins & Sons Co. 4905 York Road
VS 150-REV. 1/1/65	Balto., Md. 21212



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-475	BALTIMORE CITY	HEALTH DEPARTMENT		C7 44044
BIRTH NO.	11641 CERTIFICA	TE OF DEATH	Registered Na	67 11641
I, NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print) Kath	erine B. Black	Decem	ber 4. 1967	1 945 An
3. PLACE OF DEATH IN BALTIMORE, M	ARYLAND	4. USUAL RESIDENCE (Where A. STATE B. COUNTY Maryland	deceased lived. If in:	
FULL NAME OF (If not in hospito oddress or locoti in the control of the control o	t or institution, give street on)	C. CITY OR TOWN (If outside	de city limits, write R	URAL and give township)
90 Hillcrest Nw	rsing Home		21218 rol, give locotion) y Road	1601
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH 9.	AGE (In years st birthday)	ff Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of wo	rk 108. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Baltimore, Maryl	land	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John J. Buffington		Lelia Talbot		
5. Was Deceased Ever in U. S. Armed F (Yes, na ar unknown) (If yes, give war ar do	orces?  1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	216-32-6323B	Frank E. Black		(Same)
U 21A. ACCIDENT WAS UNDERLYING	and dying, e.g., s the disease, d death.)  S  any, giving any, giving stating the  CONTRIBUTING ATED TO THE IT.  NOTITION FOR WHICH OPERATION RFORMED  218. PLACE OF INJURY (e.g., in home, fortery, street, of home, fortery, street, of	n or obout 21C. WHERE DID	IN CERTIFYING CAL	Graduational  Graduational  January  Ja
DEATH (notify medical examiner)  DEATH (notify medical examiner)  21 D. TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)	etc.)  (Hourl 21E INJURY OCCURRED  White At Not Whill Work At Work	21F. HOW DID INJUR	RY OCCUR?	
	sed alive an Dla 4	196 and that	in(my) (aur) apin	ian death accurred an the date
23A. SIGNATURE	ored abave. (1) (We) (dld) (did nat) v  Ooly  M.D. Atte	ending Med. St	off	23B. DATE SIGNED  12-5-67
23C. PHYSICIAN'S NAME (Type)  William	H. Woody M.D.	1403 Park Ave.		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE		CATION (Cit	y, town, or county) (State)
Burial 12/6/67	Eoudon Park  258. NAME OF REGISTRAR	Bal	timore,	Maryland
DEC 5 1967 P. P.	A. E. Fallyman	25C EUNERAL DIRECTOR H.W. Jenkins &	Sons Co. Baltimore.	4905 York Road Md. 21212

1	5-427 BALTIMORE CITY HEALTH DEPARTMENT	77 44040
	S-432 BIRTH NO.  BIRTH NO.  CERTIFICATE OF DEATH  Registred No.	1/ 11042
and eath ased the Such	M.E. CASE NO.  1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH	
de de cea	(Type of Print) ROBERT T. SHIELDS NOVELLIFER 30, 1967 3. PLACE OF DEATH IN BALTIMORE, MARYLAND [4. USUAL RESIDENCE (Where deceosed lived. If institution	7:45 A.M
	A. STATE B. COUNTY	
hospit use of ; (5) De dance death	FULL NAME OF (II not in hospitol or institution, give street HOSPITAL OR Oddress or location)  INSTITUTION (2)  FULL NAME OF (III not in hospitol or institution, give street oddress or location)  C. CITY OR TOWN (If outside city limits, write RURAL)	la Ho. Co.
2000	INSTITUTION BON SECOUR HOSPITAL ELKRIDGE	53-00
in on a causatter	D. STREET ADDRESS (II rurol, give locotion)	
D - D - G	5 SETTER DR. #	71
occurre ontribut ermined regular eased p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 9. AGE (In years Mon Mon MARRIED) 7/20/08	Jnder 1 Yr. If Under 24 Hrs. oths Doys Hours Min.
h co	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPEACE (State or foreign country)  12. done during most of working life, even if retired)	CITIZEN OF WHAT COUNTRY?
or Ondering Is in des	DISPATCHER EPES TRANSFORT System VIAGINIA 13. FATHERS NAME	4. 3. A.
if decreect (4) Ur. was the sposi		
itant e dir ind; ( eath e on al dir	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
sista the kin dea dea inal	(Yes, no or unknown) (II yes, give wor or dotes of service)  SECURITY NO. 228-01-6668 Mrs. Martha Shields, 5 Sett	er Drive
ב ב ב ב ב	18. / CAUSE OF DEATH	INTERVAL BETWEEN
C 0 - L 0 D	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
Ta o o ta	(This does not mean the made of dying, e.g.,  (A) Respiratory weight evency  DUE TO	week,
er. ctur pron	heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.)	
rine fra gul	ANTECEDENT CAUSES (B) Provide Carculous of Coff	pleoulls:
A A P	(This does not mean the made of dying, e.g., heart laiture, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving lise to the obave cause (A) stoling the UNDERLYING CONDITION lost.	
ex (3) (3) in	UNDERLYING CONDITION lost.	1 0a a a a a a 0 0 0 0 a 0 0 0 0 a 0
dico cal ns; icio ras	_ 11	
medical edical burns; hysicia n was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING	NGS CONSIDERED
chief y a r Body the l rysicie	11/1/67 WAS PERFORMED IN CERTIFYING CAUSES	
tal by e; (2) B here t No phy before	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	, give exact locotion)
hospite nature; ept wh d (6) Nained b	OF INJURY (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	18
	(APPROX.) While At Work At Work	1
こら > × E を	22. 1 certify that (1) (this haspital) attended the deceased from 10-18 196) to 1//	30 1967
D + 4 = 5 3	that (1) (we) last saw the deceased alive an 11/30 19 (a) and that in(my) (aur) apinion	death accurred an the dat
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.	DATE SIGNED
S do do		11/30/6>
a F	23C. PHYSICIAN'S [23D. ADDRESS	
was r An a Ar at c prior	NAME (Type) CESAR A. BRAVO M.D. Bou Secours Hospil	al
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, to.)	wn, or county) (Stote)
certificat sody was vs. (1) An D.O.A. at ased pric	Burial 12-4-67 Baltimore National Cemetery Baltimore, Mary	land
This certification the body shows: (1) was D.O. deceased written a	25A DATE REG D BY HEALTH DEPT. 25B NAME OF REGISTRAR 1967 Howard H. Hubbard, 4107 Wil	kens Ave. 21229
	VS 160 DEV 1/1/65	

nian death accurred an the date 23 B. DATE SIGNED 11/30/67 bilal ty, town, or county) (Stote) aryland ADDRESS Wilkens Ave. 21229

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23C. NAME of CEMETERY or CREMATORY

24B, NAME OF REGISTRAR

Loudon Park Cemetery

23D. LOCATION

24C. FUNERAL DIRECTOR

(City, town, or county)

Baltimore, Maryland

Howard H. Hubbard, 4107 Wilkens Avenue 21229

23A, BURIAL CREMATION,

24A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)
Burial

23B. DATE

Timber II ne se 

Avier you have properly bearing the belt and

IMPORTANT

FUNERAL DIRECTOR:

12/3/67 Harmed Tagands a , a finance read Pente Mountail But & CHF 3 Day Contract Inforter 2" # 1 : " and how all a charactery granted Deleted from the Pransant to by the in the Colvin C. Cater

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Пу	pe or Printi DORO	THY LE	EE JENK	KINS	DE	C. 4 1967	13:30 1
3.	FULL NAME OF (I	BALTIMORE, MA	RYLAND or institution, give str	eet	A. STATE B. CO	OXXX Marvlar	nstitution; residence belore odmi
,	CHURCH HO				Baltimore, D. STREET ADDRESS	Maryland	SQ-00
					602 Alden		1225
	F w	hite	7. MARRIED, NEVEL WIDOWED, DIVE Wid.	DRCED (specify)	3/20/96	9. AGE (In years last bidhday)	If Under 1 Yi. If Under 24 Manths Days Hours M
	during most of working literature HOUSEWIFE			itas or integral	100	ond, Virginia	WHAT COUNTRY?
13.	FATHER'S NAME			1	14. MOTHER'S MAIDEN		
15. (Ye	William Tir Was Deceased Ever in s,no or unknown) (If yes, No	U. S. Armed For	es af service) SE	CCIAL CURITY NO.	Annie Ell 17. INFORMANT Mrs. Helen		ADDRESS 21 602 Alden Stree
	18. 162.1	1	KT).		DEATH		INTERVAL BETWEEN
		ONDITION DIE	RECTLY	muto	static ca	remoure	5 wees
	(This does not mean heart failure, asthenia			DUE TO			5 5 5 1 5 1 5 4 5 4 5 5 1 5 1 7 7 7 7 5 5 5 1 1 1 1 1 1 1 1
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	injuly ar camplication	DENT CAUSES	death.)	(B) Brun	elogenie	Couring	INTERVAL BETWEEN ONSET AND DEATH  5
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CAL CERTIFIC	Injuly or complication  ANTECE  DISEASES OR CON  rise to the obov  UNDERLYING CONE  OTHER SIGNIFICANT TO THE DEATH  DISEASE OR CONDIT  19A. DATE OF OPERAT  21A. ACCIDENT WAS OR CONTRIBUTING  DEATH (notify medical  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) that (I) (we) lost so	which caused DENT CAUSES NDITIONS, if e cause (A) DITION lost.  II CONDITIONS C BUT NOT RELATION CAUSING ITION 198. CON WAS PERI UNDERLYING CAUSE OF examine)  (Day) (Year)  (this hospital ow the decease	any, giving slaling the CONTRIBUTING ATED TO THE IT.    DITION FOR WHICH FORMED   21B. PLACI home, farmetc.)   While At Wark   W	OPERATION  E OF INJURY (e.g., in n. factory, street, offi  RY OCCURRED  Not White At Work  coosed from OC  DEC - 3  (did) (did nat) vi	ar about 21C. WHERE DID ice bldg., INJURY OCCUR.  21F. HOW DID  19 67 and item the body ofter depth.	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)
CAL CERTIFIC	Injuly or complication  ANTECE  DISEASES OR CON rise to the obov UNDERLYING CONE  OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDIT 19A. DATE OF OPERAT  21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) that (I) (we) lost so and hour and from t	which caused DENT CAUSES NDITIONS, if e cause (A) DITION lost.  II CONDITIONS C BUT NOT RELA TION CAUSING I TION 198. CON WAS PERI UNDERLYING CAUSE OF examiner)  () (Day) (Year)  () (this hospitol ow the decease the couses store	any, giving stating the CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH FORMED  21B. PLACI home, formetc.)  (Haur) 21E. INJUI While At Wark  i) ottended the december of the de	OPERATION  E OF INJURY (e.g., in factory, street, affi  RY OCCURRED  Not While At Work  eosed from OC  DEC 3  (dld) (did nat) vi  M.D. Atten Phys.	ar about 21C. WHERE DID ice bldg., INJURY OCCUR.  21F. HOW DID  19 67 and item the body ofter depth.	No) 20B. IF YES, WERE IN CERTIFYING CA  (If in Baltimon )  INJURY OCCUR?  19 67 ta DE  that in(my) (our) opi	FINDINGS CONSIDERED AUSES OF DEATH?  Lee City, give exact location)  Lec 4 19 4  Inion death occurred on the
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MEDICAL CERTIFIC	Injuly or complication  ANTECE  DISEASES OR CON rise to the obov UNDERLYING CONE  OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDIT 19A. DATE OF OPERAT  21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) that (I) (we) lost so and hour and from t 23A. SIGNATURE  23C. PHYSICIAM'S NAME (Type)	which caused DENT CAUSES NDITIONS, if e cause (A) DITION lost.  II CONDITIONS CAUSING TION 198. CON WAS PERI UNDERLYING CAUSE OF examiner)  (this hospital ow the decease the couses state  AL  The cause (A)  (The cause (A)	any, giving slating the CONTRIBUTING ATED TO THE IT.  CONTRIBUTING	OPERATION  E OF INJURY (e.g., in factory, street, affi  RY OCCURRED  Not While At Work  eosed from OC  DEC 3  (dld) (did nat) vi  M.D. Atten Phys.	ar about 21C. WHERE DID 10ce bidg., INJURY OCCUR.  21F. HOW DID 21F. HOW DID 21F. How Did 21F. and 21F. and 3D. ADDRESS  Church AMATORY 24D	No) 20B. IF YES, WERE IN CERTIFYING CA  (If in Baltimon of the part of the par	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  2. 4 19 4  Inion death occurred on the location of the lo

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1 pl	1-300		BALTIMORE CITY	HEALTH DEPARTMENT		67 11040		
SIRTH	NO. 67	1164	8 CERTIFICA	TE OF DEATH	Registered No.	67 11648		
	CASE NO.	2200	O CERTIFICA		AND HOUR OF DEATH	H		
	on Bright W. a.	0.	Hood		vember 28, 19			
	ACE OF DEATH IN BALTIMORE, MA			4. USUAL RESIDENCE (	Where deceased lived. If	institution: residence before admission)		
H	JLL NAME OF (If not in hospital OSPITAL OR oddress or location STITUTION	or institution,	, give street	C. CITY OR TOWN (F		RURAL ond give township		
1	Melchior Nursin	g Home		Baltimore D. STREET ADDRESS	()f rurol, give location)	60-0		
	2327 North Char	les Str	"		st Park Avenu	1e 7		
	ale White	WIDOW	D, NEVER MARRIED ED, DIVORCED (specify) Widowed	B. DATE OF BIRTH  Dec. 9. 1875  11. BIRTHPLACE (Store of	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
done	USUAL OCCUPATION (Give kind of wor during most of working life, even if retired) ettred — Carpenter		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store of		12. CITIZEN OF WHAT COUNTRY?		
13. F.	ATHER'S NAME	1		14. MOTHER'S MAIDEN				
15. W (Yes,	as Deceased Ever in U. S. Armed Fo	es of service)		17. INFORMANT		ADDRESS		
10	8. // / 1		207-01-1966 CAUSE O	Mr. Raymond	H. Hood same	address		
	DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the made of heart failure, asthenia, etc. It means injury or complication which coused ANTECEDENT CAUSE: DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost.	f dying, e.g s the diseos d death.) S any, givin	9	ilino unviz h le bo thro	Eurboli uboris	ONSET AND DEATH		
ATION	OTHER SIGNIFICANT CONDITIONS ( TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO T		In continu	unce + Iu	fection		
ERTIFICATION		NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes o	r No. 208. IF YES. WERE	E FINDINGS CONSIDERED AUSES OF DEATH?		
0 2	PA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	2 ho	B. PLACE OF INJURY (e.g., i ome, form, foctory, street, o c.)	n or obout 21 C. WHERE DI		ore City, give exoct locotion)		
3 6	21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	W	/hile At Not While At Work	le 🖳	INJURY OCCUR?			
2	22. I certify that (1) (this haspita	l) attended	the deceased fram	2-10-	19 6 6 ta	11-28- 1967.		
1	that (I) (we) last saw the deceas	ed alive an	11-28-	- 19.6.7 and		pinian death accurred on the date		
	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
2	3A. SIGNATURE					238. DATE SIGNED		
	Cerav Valle	over	M.D. Att	ending Med.	Stoff Phy s.	12-1-67		
2	Ceral Valle Cosc. Physician's NAME (Type) CESAR V	/ALLE	CAVERUM.D.	23D. ADDRESS 8629 Li6	erty Ro	e e		
24A.	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		NAME of CEMETERY OF CR		D. LOCATION	City, town, or county) (Stote)		
	Burial 12/2/67	7 L	orraine Park C	emetery	Woodlawn, Md.			
25A.	DEC 5 1967 CL	258. NAME	OF REGISTRAR Falley Mill	25C. FUNERAL DIREC	*	Batte med.		
VS 1	50-REV 1/1/65							

alid good a retitle James Harring Harrison .

rect or contributing cause (4) Undetermined cause; (5) regular death = Was death IMPORTAN any pronounced of fracture FUNERAL DIRECTOR: examiner examiner. who 4 3 physician chief medical medical (2) Body the 0 the where the body was released to the hospital shows: (1) An accident of any nature; ( approved (except hospital

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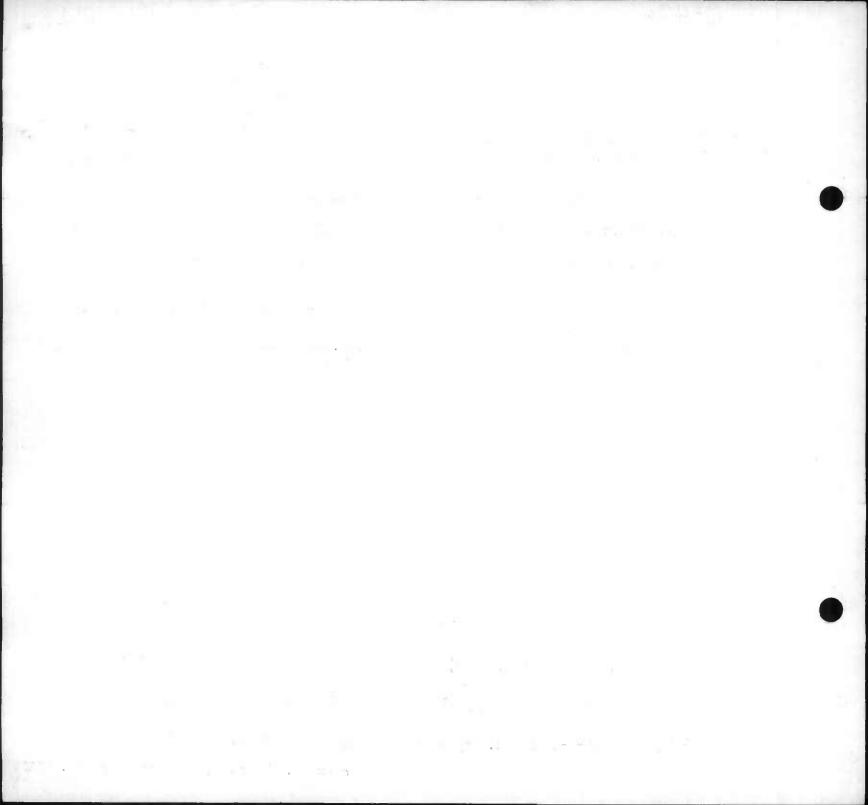
attendance

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) JDOHN 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before dmission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY A. STATE (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION General D. STREET ADDRESS is made. If Under 1 Yr. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. Months Hours WIDOWED, DIVORCED (specify) lost birthday Widoa kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF final disposition WHAT COUNTRY? 13. FATHER SANAME 14. MOTHER'S MAIDEN NAME bohm 15, Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, regular ABDOMINA AURTA injury or complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost. remains Was ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED No physician DISEASE OR CONDITION CAUSING IT. the 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION Le l'ache syndrame CERTIFI 11/27/67 ore 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR? bef DEATH (notify medical examiner) MEDIC. obtained 21D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While While At (APPROX.) At Work and 22. I certify that (1) (this haspital) attended the deceased from 19 67 that (I) (we) last sow the deceased alive on.... and that in(my) (aur) apinian death accurred an the date... pe death) and hour and from the couses stoted obave. (1) (We) (did) (did not) view the body after death. must 23B. DATE SIGNED 23A. SIGNATURE Attending Phys. Med. Director prior to approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Mare M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C, NAME of CEMETERY OF CREMATORY 24D, LOCATION (Stote) deceased 6-ARDEMS BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR ULURICH PUNEAML HAME- DUNDAUN VS 150-REV. 1/1/65

Lullinger Maryland General Hoop ill Pla Care: Miller White man did continctor Spelin 12 -11 Make of Wound Mach P. Warrach Marylan General Horp.

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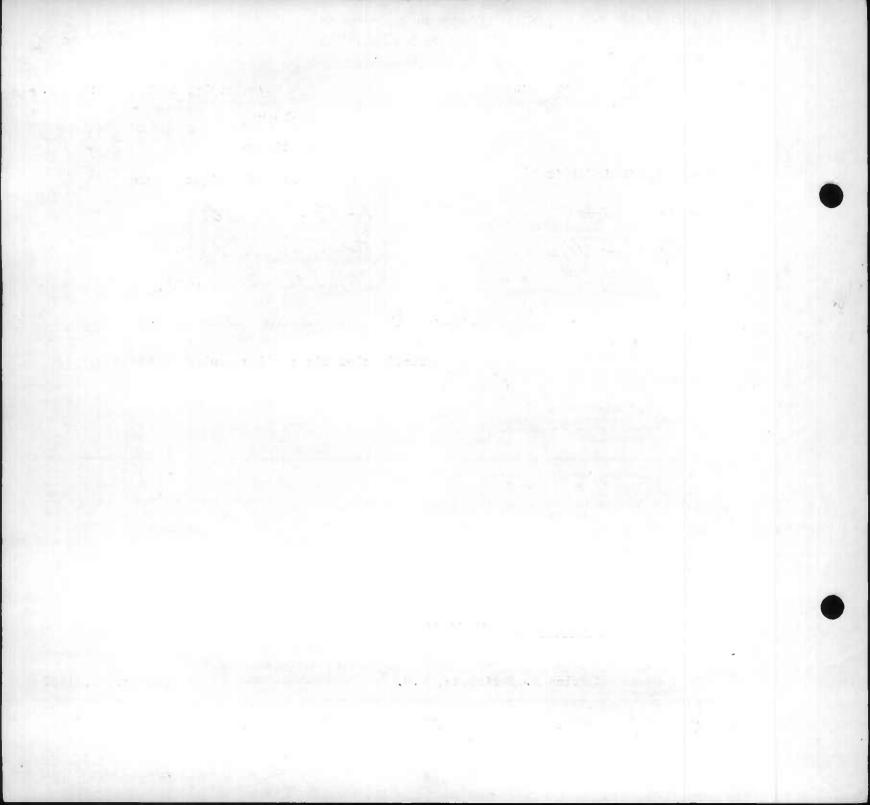
VS 150-REV. 1/1/65



9 4	E. CASE NO.	FACED	Qd. 11	652 c	EKTIFICA	TE OF DEAT	. 1	
(Тур	PLACE OF DEC	EASED  ATH IN BALTIN	13 Abe	th		4. USUAL RESIDENCE	TE AND HOUR OF DO U. 30, 19 (Where deceased live	4
h	FULL NAME CHOSPITAL OR	oddress	n hospilal or instit or locotion)			C. CITY, OR TOWN	alvert (If outside city limits,	write RURAL and give tow
0	Lincon	Inmo	merinal	Marsing	Home	D. STREET ADDRESS	(If rural, give locati	nd 54.
5. S	FEX 7	6. RACE		RRIED, NEVER		2-28-1893	9. AGE (In year tost birthdoy) 73 445	s If Under 1 Yr. Months Doys H
done	o during most of	working lile, ever	if retired)	ND OF BUSINE	SS OR INDUSTRY	marylon	nd	12. CITIZEN OF WHAT COUN
	Linka	own				Unknow	NAME	
15. Yes	Was Deceased s, no or unknown	(If yes, give v	Armed Foices? vor or dotes of se	16. SOC SEC	URITY NO.	Mrs.Ada I	Rice: H	untingtew n
	18. HoiseA		TION DIRECTLY		CAUSE OF		1 , .	INTERVAL ONSET A
			mode of dying,		DUE TO	conary 2	promoses	WARDER COO - WARDER COO
			It means the dis h caused deoth.)					
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A MEDICAL CERTIFIC	DISEASES (ise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR 19 A. DATE OF CONTRIBUTION (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and the control of the control o	OR CONDITION  e above ca G CONDITION  IFICANT CONDITION  IFICANT CONDITION  FOR CAUSE  OPERATION  OPERATION  (Month) (Do  that (I) (this last saw the d from the cause  MATION, 1248	DNS, if any, use (A) stating to lost.  DITIONS CONTRIENT RELATED TAUSING IT.  199B. CONDITION WAS PERFORMED  ERLYING (Hour deceased alive uses stated about 1995).	BUTING O THE  FOR WHICH O  218. PLACE hame, form, etc.)	OPERATION  OF INJURY (e.g., in foctory, street, off off octory, street, street, octory, street, st	or about 21°C. WHERE of ince bldg., INJURY OCCI	or No) 20B. IF YES, IN CERTIFYIN DID (If in B JR?  DINJURY OCCUR?  1967 ta  nd that in (my) (au eath.  Stoff Phys  4D. LOCATION	were findings consider G causes of death?  oltimore City, give exact to

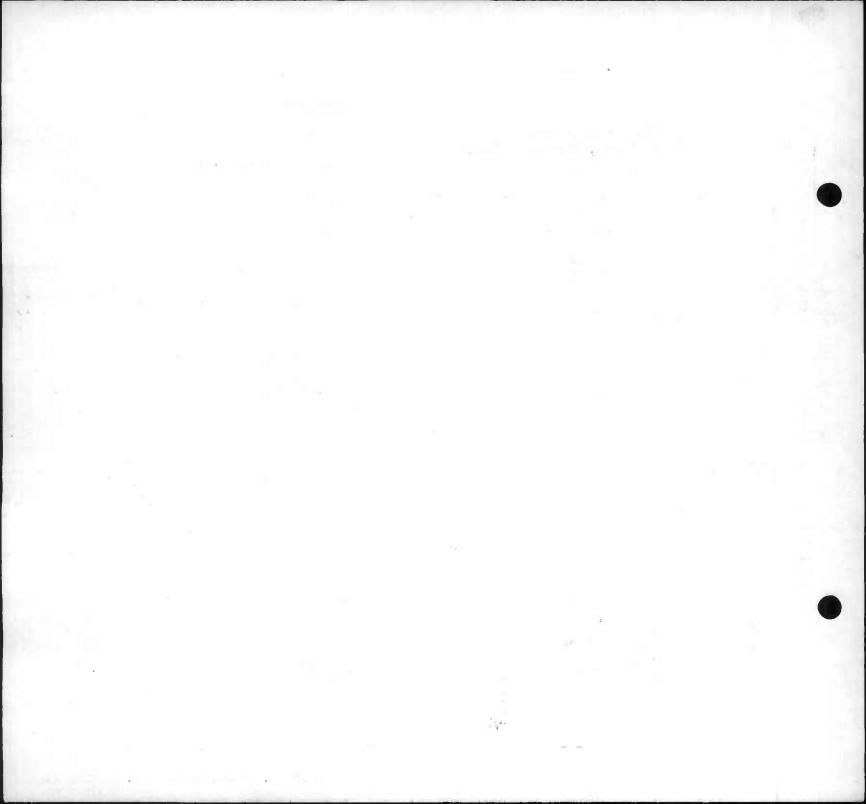
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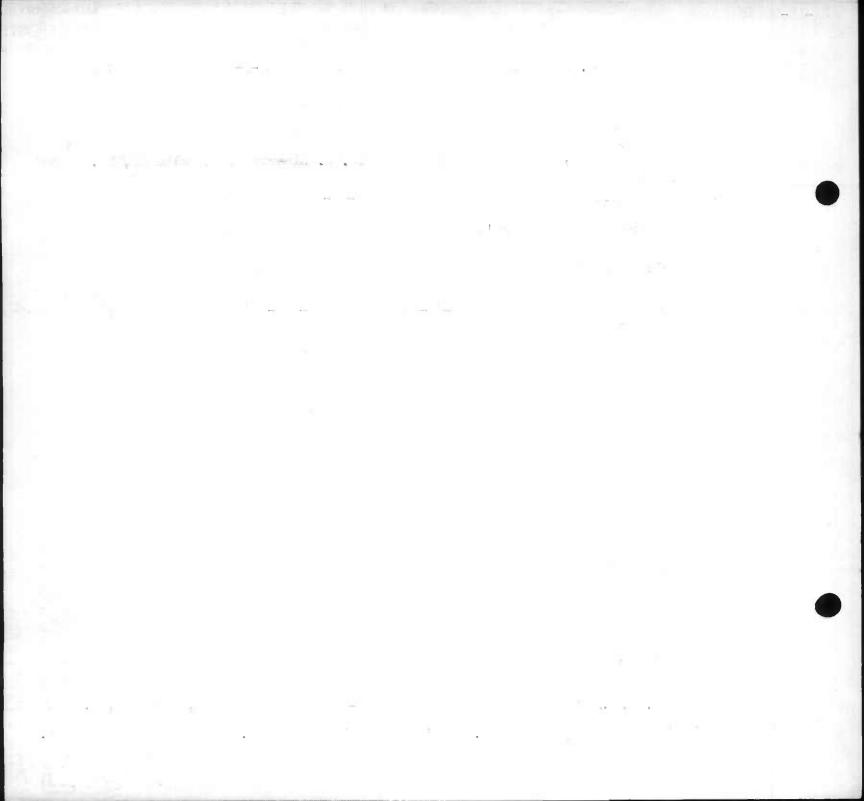
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

4-400		HEALTH DEPARTMENT		67 11654
BIRTH NO. 67 116	54 CERTIFICA	TE OF DEATH	Registered No.	07 11001
THE GASE HOL	- CERTIFICA			
1. NAME OF DECEASED		2. DATE ANI	D HOUR OF DEATH	10
(Type or Prin Katie F. Hall		12	-1-61	1 10.007 M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	e deceased lived, If in TY	stitution: residence before admission)
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) INSTITUTION	on, give street	Maryland c. CITY OF TOWN (If outs	side city limits, write I	RURAL ond give 100 ship)
2310 Edgemont Avenue		Baltimore		17-04
Baltimore, Maryland	21217		ural, give location)	
		2310 Edgemon		
	WED, DIVORCED (specify)	B. DATE OF BIRTH	O. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs.
		5-14.99	1.0	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND	OWED		on country)	12. CITIZEN OF
done during most of working fite, even if retired)	or sources or involution			WHAT COUNTRY?
House Wife		Virginia 14. MOTHERS MAIDEN NAM		USA
13. FATHER'S NAME	1 .	14. MOTHER'S MAIDEN NAM	AE	
Petter B	laine	Unt	nown	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS,
(Yes, no or unknown) (If yes, give wor or dotes of servi	ce) SECURITY NO.	11 11	50	4 S. 4 thaus
		Usa Fish	w mit	-: Cerner n. 12.
18. 174 Y	CAUSE O	F DEATH	7.4.4	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	Con	2-1-0-07 30	11/2110	1 Amos
(This does not mean the mode of dying,	(A) (A)	Kart 12 Delpha Jan Jan	Asc for Distance	
heart failure, asthenio, elc. Il meons the dise		7		
injury or complication which caused death.)	~ ~	· + · · · · · · · · · · · · · · · · · ·	5.8	2-2-2
ANTECEDENT CAUSES	(B) [ ] M	veinomails	715	
DISEASES OR CONDITIONS I	DUE TO			
DISEASES OR CONDITIONS, if any, girise to the obove cause (A) stating				
UNDERLYING CONDITION lost.	(C)		******	
			<del></del>	
7 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	TING			
DISEASE OR CONDITION CAUSING IT.	ing			
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)		FINDINGS CONSIDERED
19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
S 21A, ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	n or about 21.0 WHERE DID	// := D -1-1	City sine event tracks to
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	fice bldg., INJURY OCCUR?	(It in Boltimore	e City, give exact location)
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	IBY OCCUP?	
OF INJURY			JAI OCCUR!	
<pre>(APPROX)</pre>	While At Not Whit	e [_]		
22 1		M.	117 . 11	1 - 0 / 5-3
22. I certify that (I) (this hospital) attend		<i></i> 1	460-fto	1967.
that (I) (we) lost sow the deceased alive	on 1 1 - 1 - 1 - 1	19ond the	ot in (my) (our) opi	nion death occurred on the date
and hour and from the couses stated abov	. (			
		ien ine body offer deoffi.		loop DATE CICNET
23A. SIGNATURE	- 0			23B, DATE SIGNED
1 marks Dr	M.D. Atte	ending Med.  Director	Stoff Phys.	13/3/11
23 C. PHYSICIAN'S	J 42 (73/1	23 D. ADDRESS	,	1.0/0/
NAME (Type)	. / /	6.10	1	0.01
Canon Vin Hou	// M.D.	550/1/2/10	Of my H	11 Selle Asal
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRI	EMATORY 24D. IC	CATION (Ci	ty, town, or county) (State)
REMOVAL (Specify)	7	12.00		The state of the s
Burial 12-5-67	Rollimone Meti	onel D-1	timore Man	and and
	Baltimore Nati	onal Bal 25C. FUNERAL DIRECTOR	Lunore, Mar	ADDRESS
DEC 0 1967 (7.0. 18-0	A 12. 11.			
46000 C	* ACCOUNTING	Arlington S.	Phillips 17	27 N. Monroe St
V\$ 150-REV, 1/1/65				

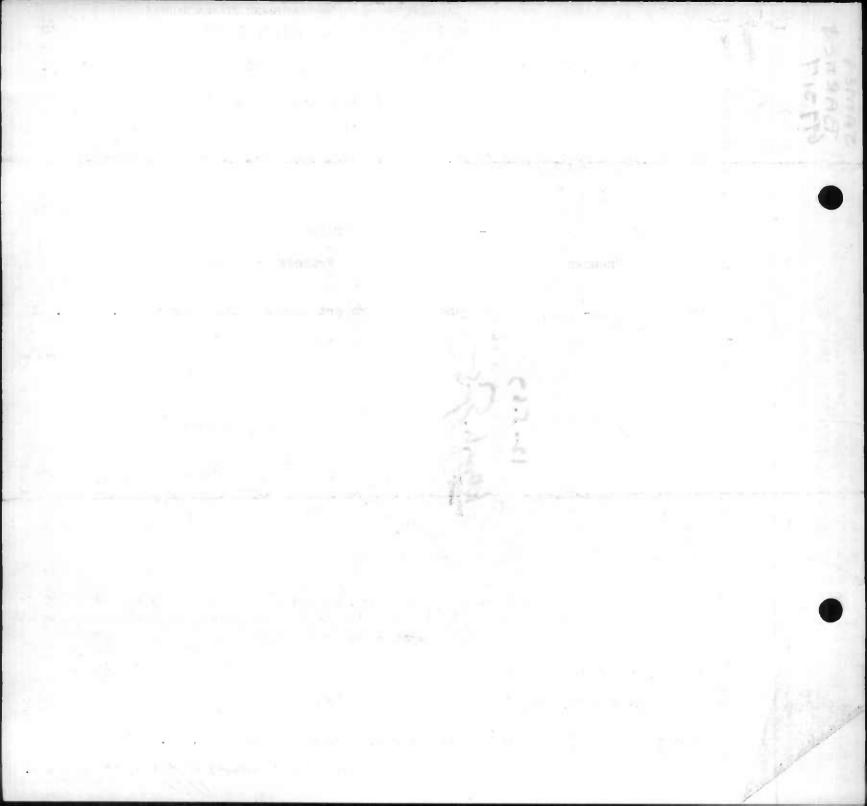


This certificate must be approved by the chief medical examiner or his assistant if death occurred in

BIRTI	L-245 TH NO.  67 11655  CERTIFICATE OF DEATH  Registered No. 67 11655  E. CASE NO.						
	. CASE NO. AME OF DECEASED	OEK TILTO	DATE AND	D HOUR OF DEATH			
	o or Print)	N		-3-67			
3. P	DONALD C. MAUGHLI	N D			1:45 A N		
			A. STATE B. COUN	TY			
	FULL NAME OF (If not in hospital or insti	tution, give street	MARYLAND				
	BALT IMORE CITY H	OSPITALS	and the second second	side city limits, write	RURAL and give township)		
	4940 EASTERN AVE		D. STREET ADDRESS (IF	rural, give location)	7-01		
-	5 / BALTIMORE, MARYI	AND 21224	12. N. Liberty				
5. SI		ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	5-20-03	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	USUAL OCCUPATION (Give kind of work 108, KI during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	1 11. BIRTHPLA CE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?		
ione	Clerk	Govit	PENNSYLVAN IA		USA		
3. F	FATHER'S NAME		14. MOTHER'S MAIDEN NA	M.E.	OOR		
	Patrick Laughlin	11 / 20 20 11	Helen Corco	ran	4500000		
Yes,	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or doles of se	SECURITY NO.	17. INFORMANT		ADDRESS 21224		
u	ınknown	217-26-5234	RECORDS_BCH_/	940 EASTERN	AVENUE, BALTIMORE,		
	1B. 421.3 I		OF DEATH	740	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY		0 1 11		ONSET AND DEATH		
	LEADING TO DEATH	(A) 12	ul insufficiency				
	(This does not mean the mode of dying heart failure, asthenia, etc. It means the d	, e.g., DUE TO	// /				
	injury or complication which caused death.		1DA				
	ANTECEDENT CAUSES	(B) C					
	DISEASES OR CONDITIONS, if any,	DUE TO giving					
	rise to the above cause (A) statin	g lhe (C)					
	UNDERLYING CONDITION last.						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED						
CA	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	) 20B, IF YES, WERE	FINDINGS CONSIDERED		
ERTIFIC	WAS PERFORME		YES	IN CERTIFYING C.	AUSES OF DEATH?		
U	21 A. A CCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e. a	in or about 21 C. WHERE DID	(If in Boltimo	re City, give exact location)		
ا ب	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bldg., INJURY OCCUR?	= 3 5500			
2				1154 0 6 5 115			
N N	21 D. TME (Month) (Doy) (Year) (Hou		21F. HOW DID INJ	UKT OCCUR?			
~	(APPROX)	While At Work At Work					
	22. I certify that ( (this haspital) ofte	nded the deceased from	2/15	1965 to	12/5 19.67		
	22. I certify that \$\infty\$ (this haspital) attended the deceased from \$\frac{215}{25}\$ 19 63 to \$\frac{125}{25}\$, that \$\infty\$ (we) last sow the deceased alive on \$\frac{125}{25}\$ 19 67 and that in \$\infty\$ (our) apinian death accurred on the date						
			(		and the do		
- 1	ond hour and fram the couses stated ab	over XI) (ue) (qiq) (erd stot)	view the body offer deoth.		228 DATE SIGNED		
	11-1/1	M.D. At	tending Med.	Store	238, DATE SIGNED		
	Hi Mill pagle	Ph	ys. Director	Phys.	12/3/67		
1	23C, PHTSICIAN'S NAME (Type)		23D. ADDRESS				
		M.D	BCH-4940 EASTER	N AVENUE B	ALTIMORE, MD. 21224		
	DR. A. R. PIPAGREA						
		24C. NAME of CEMETERY or CI	REMATORY 24D, L	OCATION	City, town, or county) (State)		
		St. Mary's Ch		It. Carmel	City, town, or county) (State)		
24A	Burial Cremation, 248. Date 12/6/67	St. Mary's Chi	urch Cemetery 1	Mt. Carmel			
24A	Burial CREMATION, 248. DATE 12/6/67 L. DATE REC'D BY HEALTH DEPT. 258. N			Mt. Carmel			



	2115	6		3 freed	BALTIMORE CITY	HEALTH DEPARTMENT	1/	
97	0-00	BIR	TH NO.	1165	6 CEPTIFICA	TE OF DEATH	Registered No.	67 11656
./.	and sed the the				CERTIFICA	IL OI DEATH		
201	an eat ase th th		Pe or Print)			2. DATE A	AND HOUR OF DEATH	
1 =	- 9 6 G		Barnes, Ja				12/3/67	9:25 p. A
N	To Do to	3. 1	PLACE OF DEATH IN BALTIMORE, M	ARYLAND		A. STATE B. COL		ution: residence before admission)
1) 5	S = (2)	5	FULL NAME OF (If not in hospite	ol or institution, gr	ve street	Maryland	Baltimore	Baltala
1-0	S S S S S S S S S S S S S S S S S S S	77	HD SPITAL OR oddress or locoti	ion)	ve sileel	C. CITY OR TOWN (If a	outside city limits, write RUR	AL ond give township)
-	to to	1 -	NSI TOTION			Parkton		52-00
	atte ior		2			D. STREET ADDRESS	If rurol, give location)	0000
	ting d cau		The Johns Hopkin	s Hospi	tal	Old York R	oad	
	- 30 B B	5. 9	SEX  6, RACE	7. MARRIED. N	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years   I	f Under 1 Yr., If Under 24 Hrs.
	ntribu rmine egula ased s mad			WIDOWED,	DIVORCED (specify)		lost birthdoy)	Nonths Doys Hours Min.
	occu ontril ermir regul sased	-	Male White	Single		4/7/50	17	
	400 to 1		USUAL OCCUPATION (Give kind of wo e during most of working life, even it retired		ROZINEZZ OK INDOZIKI		reign country)	2. CITIZEN OF WHAT COUNTRY?
	or condet	*	Student	-		Maryland		USA
	N 2	13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
	if d (4) U wa the spos	ų	Unk <b>n</b> own			Frances 1	4cCullum	
7	\$ E 1. E E T.	4	Was Deceased Ever in U. S. Armed F		6. SOCIAL	17. INFORMANT		ADDRESS
A	ind ind al	(Ye	s, no or unknown) (If yes, give wor or do	ites of service)	SECURITY NO.	17. INPORMANT		ADDRESS
7	ssis th kinded	3	No -		None	Robert Barnes	1625 Howard	Ave. Relto. 21
IMPORTANI	if if it is		18.754.0		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
٩	his nc d		DISEASE OR CONDITION D	IRECTLY 💥	5 J	ulmonare	, Salowo	ONSEI AND DEATH
2	Als Als nou atte	#	LEADING TO DEATE	H —	(A) DUE TO	/		3deans
	or o	Ħ	(This does not meon the mode of heart failure, asthenia, etc. It means		DUE TO	0-4-11	-1 1	/
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	of of of of of oh);	Approv				-		ii death accorred all the dat
	ased to dent of ospital death) must b	8	and haur and from the causes st	ated abave. (I)	(We) (did) (did not) v	riew the body after death		
	ident o ident o hospita o death	4	23A. SIGNATURE	12	/ - MD AH	andina — Mad —	5. 11 -	B. DATE SIGNED
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	L = 0 . C .	8	23 C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	11 1	1/1/1/1
	was r An a Prior	0		Pipkin	M.D.	SOAN5	Hiptin.	5 Hospital
		24/	A. BURIAL CREMATION, 248. DATE		ME of CEMETERY of CRI	EMATORY 24D.	LOCATION (City,	town, or county) (Stote)
	T_00 b _	4		7 4-27-	Hill Memoria	al Gardene F	Baltimore, Md.	21220
	S W S	0	Burial 12/6/6 A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF		25C. FUNERAL DIRECTO		ADDRESS
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	- 4 V D S	#	DEC-6 1967	12.58	FalkyMA	DL GEGETIISKT	Taller al Homey	TO EASTELL AVE.
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1 5 6 5 5 C	BRTH NO.  M.E. CASE NO.  67 11657 CERTIFICA	ATE OF DEATH Registered No.	67 11657
pital and of death Deceased te on the ath. Such	1. NAME OF DECEASED  (Type or Print) PAVONE, CARMEL	DECEMBER 2, 19	11:20A <sub>M</sub>
5)	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street	4. USUAL RESIDENCE (Where deceased lived, If in 8. COUNTY MARYLAND 21227	stitution: residence before admission)
use; tend	ST. AGNES HOSPITAL CATON & WILKENS AVES.	BALTIMORE  D. STREET ADDRESS (If rurol, give location)	RURAL and give township)
uting ed ca ar at prio	BALTIMORE, MARYLAND 21229	5508 CARVILLE AVE.	
ntrib rrmin egul ased	MALE WHITE MARRIED (specify)	11-14-07   lost birthdoy!	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
or condete	100. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)  EXPEDITER  WESTINGHOUSE	MARYLAND	12. CITIZEN OF WHAT COUNTRY?
rect (4) U (4) U the isposi	JOSEPH PAVONE	CATHER INE CARBONE Z	EVIE
sistant the dir kind; death nce on inal di	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  NO  16. SOCIAL SECURITY NO. 215 10 736	3 ST. AGNES HOSPITAL RE	WILKENS AVES.
his as lso, if of any unced tendar	DISTASS OF CONDITION DISTANCE	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
er. Als cture o pronou lar att	(A)  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)	dranced metastatic	Syndrome
examinexamin 3) A fra n who in regular	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise Ia lhe abave cause (A) slating lhe (C) UNDERLYING CONDITION last.	Lung.	Catanona
medical nedical burns; ohysicia n was remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
chief a m Body the p ysicic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	YES 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
tal by s; (2) here No ph	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Baltimore office bldg., INJURY OCCUR?	e City, give exoct location)
hospi hospi natur ept w ept w d (6) h	21 D. TIME (Month) (Day) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Not Whork At Work		
appropriet to the of any of an	22. I certify that (M)(this hospital) attended the deceased from N that (IX(we) last sow the deceased alive on DECEMBER 2,	OVEMBER 23 19 67 <sub>to</sub> DECE 1967 ond that in(Xy) (our) api	nian death occurred on the date
ed ed nrt o pita sath	and hour and fram the causes stated abave. (N) (We) (did) (Marret)		23B. DATE SIGNED
rele accic a h or to	23C.PHYSICIAN'S NAME (Type)		12-02-67 BALTIMORE, MD.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C		ty, town, or county) (Stote)
This certif the body shows: (1) was D.O.A deceased written ap	Decircul 12-01 Lander Cark  25A. DATE REC'D BY HEAUTH DEPT 25B. NAME OF REGISTRAR  25B. NAME OF REGISTRAR	Ernetery Balterra	ADDRESS
-+ v > 0 >	VS 150-REV. 1/1/65	Janea march DOM	alovelle, Md:

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	67 11	OFO BALTIMORE CITY	HEALTH DEPARTMENT	NT 35-80-24	B7 111658
	NO. 67 11	CERTIFICA	TE OF DEAT	TH Registered No.	01 11000
1.NA (Type	ME OF DECEASED ELVON MONRO	E FRIEND	ead	TE AND HOUR OF DEATH	stitution: residence before odmission)
		ion was street	A. STATE B.	COUNTY	da ula Pol
HC	SPITAL OR oddress or location)		C. CITY OR TOWN	(If outside city limits, write	RURAL and give township)
35	RUNIV OR ML	HOSPITAL	D. STREET ADDRESS	(If rurol, give location)	9 55-00
			Box 1	D& SMITT	14 Street
5. SE		RIED, NEVER MARRIED DWED, DIVORCED (specify)	Sept 2, 1904	9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	JSUAL OCCUPATION (Give kind of work) 10B, KIN during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	Carolin	or foreign country) e County	12. CITIZEN OF WHAT COUNTRY?
	Day Laborer Su	nshine Laundry	MALUE 14. MOTHERS MAIDE	sub	USA
13. 17	Chances PRIES	ND	TO 1 10	S. Ph. 11.	100
15. W	as Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	J. Philli	ADDRESS
(162,1	no or unknown) (If yes, give wor or dates of servi	security No. 213-12-5197	Mrs. Mabel	S. Friend, Fede	eralsburg, Maryland
1	8.356.11	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	015	hable a	almos son	. empoles
	This daes nat meon the made at dying, heart failure, asthenia, etc. It meons the dise	e.g., DUE TO	WHO CO J	WI THE OWNER	enbolony ene Sciencisis
	njury or complication which coused death.)	A A	ear tron	bic luter	ere Soveraises
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, gi	001 10		. E	
- 1	ise to the above cause (A) stoting UNDERLYING CONDITION tost.	_			
	11				
ATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTOR THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
TIFIC	9A. DATE OF OPERATION 198. CONDITION F	FOR WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL	PA. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE fire bldg., INJURY OCC	DID (If in Boltimare	e City, give exoct location)
	TD. TIME (Month) (Doy) (Year) (Hour)  OF INJURY	21E. INJURY OCCURRED		ID INJURY OCCUR?	
(	A PPROX.)	While At Not While At Work			1
	ertify that (1) (this hospital) attend		1/29/6/	1967 10	19 ),
	hay(f)) we) last saw the deceased olive and haur and from the couses stated abov	7 //	/		nion death accurred on the date
_	3A. SIGNATURE	(, (, (, (	Tex The budy offer a	-	23 B. DATE SIGNED
	13 Lalan	M.D. Atte	ending Med. S. Director	Staff Phys.	12/5/67
2	3C. PHYSIC/ATS NAME (Type)		23D. ADDRESS	3.4	
24A	SANDNA Z. JAL BURIAL CREMATION, 1248. DATE 124	C. NAME of CEMETERY OF CRE	WATORY	24D. LOCATION (C)	ity, town, or county) (State)
2 17 1.	REMOVAL (Specify)				
25A.	Burial Dec. 9, 1967  DATE REC'D BY HEALTH DEPT. 258. NA	Federal Hill Co	25C. FUNERAL DIR	Federalsburg	, Maryland
	DEC 6 1967 P.O.	B. E. Farberta	Framp	tom tuned Hom	Federuleling med
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67 11659 BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type oKPINPE EARL Η. DECEMBER 3 1967 2:30A M

4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ELLICOTT CITY 21043 FULL NAST OFAG NESS in HOSPITA Italian, give street HOSPITAL OR Baltimore Co. HOSPITAL OF C. CITY OR TOWN (If outside city limits, write RURAL and give township) CATON & WILKENS AV MARYLAND ADDRESS (If rurol, give locotion)
506 OELLA AVENUE D. STREET ADDRESS BALTO MD 21229 made. 6. RACE 8. DATE OF BIRTH 9. AGE (In years MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. MARR IED (specify) Months Doys 12/5/92 WHITE 74 dispositian is USA COUNTRY? 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) done during most of working tile, even if retired) TRANSIT CO ILLINOIS Street Car Operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN B. KIPE MARCHIE NUSEMAN 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL ADDRESS or final (Yes, no or unknown) (If yes, give wor or dotes of service) 213-10/2905 ST AGNES RECORDS CATONEWILKENS YES WORLD WAR 1 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. 11 means the disease, injury or complication which coused deoth,) em ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving HIPERTENSION rise to the above couse (A) stating the the remains UNDERLYING CONDITION Iosl. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examined MEDI abtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While [ (APPROX.) Al Work 22. I certify that (\*) (this haspital) attended the deceased from DECEMBER 3. that (X Xwe) last saw the deceased alive an DECEMBER 3 19 67 and that in XmX) (aur) apinian death accurred on the date and haur and from the causes stated abave XX(We) (did) (did nat) view the bady after deoth. must 23A. SIGNATURE 23 B. DATE SIGNED DECEMBER 3 1967 Attending approval 23C. PHYSICIAN'S 23D. ADDRESS DR. G. ST AGNES HOSPITAL BRAUN 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 12/6/1967 Burial Baltimore National Baltimore, Maryland 25A. DATE REC'D BY HEALTH DERT. 25C. FUNERAL DIRECTOR Easton Guneral Home VS 150-REV. 1/1/65

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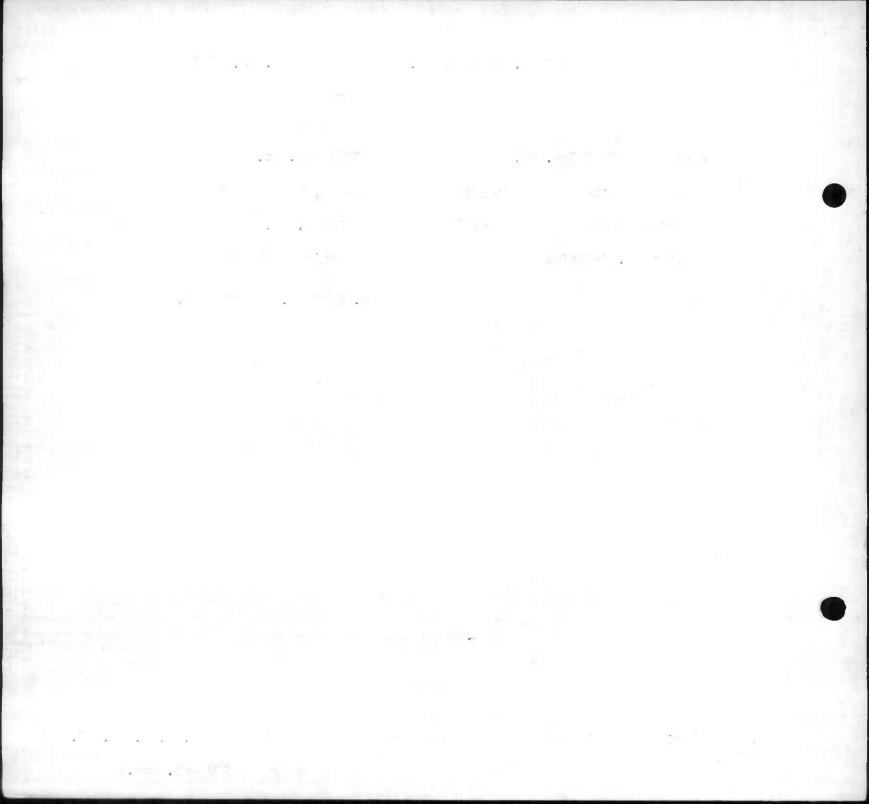
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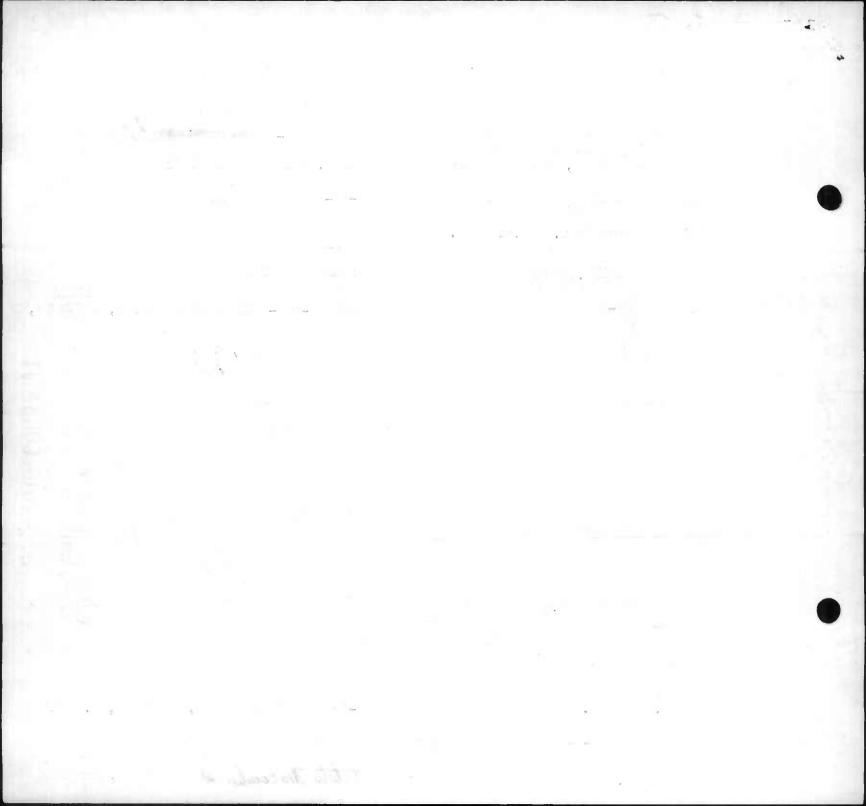
Also,

BALTIMORE CITY HEALTH DEPARTMENT 67 11661 Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) Louis G. Jeffries Sr. 2. Dec. M. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY Maryland (If not in haspital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If autside city limits, write RURAL and give jawnship) INSTITUTION 0 Baltimore prior D. STREET ADDRESS (If rural, give location) 3717 2nd. St. 3717 2nd. St. made. 5. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased WIDOWED, DIYORCED (specify) last birthday Haurs White June 17, 1891 Male 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF isposition WHAT COUNTRY? Shipping Clerk Metal Balto. Md. 14. MOTHER'S MAIDEN NAME the 13. FATHER'S NAME James E. Jeffries Annie Donaldson LO T 15. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) or final SECURITY NO. attendance Same Mr. Louis G. Jeffries Jr. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, ar injury or camplication which caused death.) em ng ANTECEDENT CAUSES 9 are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the = the remains UNDERLYING CONDITION last. Was ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CERTIF 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in at about 21 C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact lacotion) OR CONTRIBUTING CAUSE OF ŝ DEATH (notify medical examiner) MEDIC. obtained 21 D. TIME (Hour) (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While (APPROX.) At Work and Work 22. I certify that (I) (this haspital) ottended the deceased fram that (1) (we) last saw the deceased alive on... Myremel 6 19.67 and that In(my) (ove) opinion death accurred on the date death) must and haur and from the causes stated above. (1) (We)-(did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIONED Attending . M.D. Med. Stoff 0 approval Phys. prior 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, eceased REMOVAL (Specify) decease Glen Haven Burial 12 5 67 Glen Burnie, A. A. Co. Md. 25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Mc Cully 237 Pat. Ave.



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BIRT	Kno. 5/2 67	7 11662 BALTIMORE C	TATE OF DEATH	Registered No.	67 11662
1. N	AME OF DECEASED	Kempse II	2. DATE AND	HOUR OF DEATH	1:30 Am
	LACE OF DEATH IN BALTIMORE, MA	or institution, give street	4. USUAL RESIDENCE (Where A. STATE B. COUNTY MARYLAND	HARFORD G	tution: residence before admission)
	DSPITAL OR oddiess of locolio BALT IMORE C T 4940 EASTERN	TY HOSPITALS	ABERDEEN - I		RAL and give township)
7	BALT IMORE, M	ARYLAND 21224	171 W. DEAN AVE	ENUE, 21001	
	LE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARR IED	8-27-96	71	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	USUAL OCCUPATION (Give kind of work during most of working life, even if relired)  ival Engineer (Ret.)		TRY 11. BIRTHPLACE (Stole or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
13.	WILLIAMKEN	PSELL PROPERTY OF THE PROPERTY	JULIA COCKERTO		
(Yes	Vas Deceased Ever in U. S. Armed Fo., no or unknown) (If yes, give wor or date	rces? 16. SOCIAL	17. INFORMANT  RECORDS—BCH—4.94	40 EASTERN A	ADDRES 1224 VENUE, BALT IMORE, M
	LEADING TO DEATH (This does not mean the made of heart failure, asthenia, etc. It means injury or camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tost.	the disease, death.)	PNEUMUMITIS. Tuberenlosis, ?34	***************************************	
CATION	DTHER SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING	ATED TO THE	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	JDINGS CONSIDERED
CERTIFIC	WAS PER	FORMED		YES	
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street etc.)	office bldg., INJURY OCCUR?	the state of	on, gva exect tocollen
MEDI	21D. TIME (Month) (Doy) (Year) (APPROX.)	(Hour) 21E. INJURY OCCURRED  While At Work At W		IY OCCUR?	
	22. I certify that (I) (this hospito that (I) (we) lost sow the decease and hour and from the couses sto 23A. SIGNATURE	ted obove. (I) (We) (did) (did no	t) view the body ofter deoth.  Attending Med. Siphys. Siphys.	in(my) (our) opinio	on death occurred on the date $12/3/67$
	DR. PERRY E. GAG	ON M	23D. ADDRESS D. BCH_4940 EASTERN	AVENUE, BALT	MRE,MD.21224
F	REMOVAL (Specify)  PREMOVAL (Specify)  PREMOVA	Baltimore Nation  25B. NAME OF REGISTRAR	nal Cemetery Ba	altimore,	Maryland ing Function  Town, or county) (Stote)  Maryland  ing Function  The store of the store
VS	OFC 6 196/	UL VIOLO CA MUNICIPANA	Welste Macou	lu M. ADE.	rdeen, Maryland



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RTH NO. 67 11	663 CERTIFICA	TE OF DEATH	Registered Na.	0. 11000
NAME OF DECEASED			D HOUR OF DEATH	
ype ar Print)			CEMBER 1967	7   2.21   1
PLACE OF DEATH IN BALTIMORE, MARYEAND	Carl	4. USUAL RESIDENCE (Where	e deceased tived, If ins	1 3:24 A r
FULL NAME OF (If not in haspital or instituted address or location) INSTITUTION VETERANS ADMINISTR		MARYLAND BA	LTIMORE CITY	URAL and give township)
3900 LOCH RAVEN BO BALTIMORE, MARYLAN			ROAD. APT.	53-00 D
WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hrs Manths Days Haurs Min.
	RRIED	11-3-93	74	
DA, USUAL OCCUPATION (Give kind of work 108, KIN one during most at working life, even if retired)  LINOTYPE OPERATOR  PRI	D OF BUSINESS OR INDUSTRY	LUTHERVILLE,		12. CITIZEN OF WHAT COUNTRY? U. S. A.
B. FATHER'S NAME	INITING THEODILL	14. MOTHER'S MAIDEN NAM		0. 5. 4.
JOSEPH WEIMASTER, SR.		OTELIA FRAZIE		
es, na ar unknawn) (If yes, give war or dates af serv		17. INFORMANT HOSPITA	AL RECORDS	ADDRESS
YES 6-2-17 TO 6-4-19	212-01-88-28	3900 LOCH RAV.	EN BLVD., BA	LTIMORE, MD. 2121
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	onary edema		INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode at dying, heart failure, asthenio, etc. It means the dise injury or camplication which caused death,)	dse,	1:-7 : 01:		
ANTECEDENT CAUSES	(B)	ardial infarctio	)n	Week
DISEASES OR CONDITIONS, if any, girise to the obove cause (A) stating UNDERLYING CONDITION last.		etes mellitus	2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION I	OR WHICH OPERATION	20 A. AUTOPSY? (Yes ar Na)	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, at etc.)	n ar abaut 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact location)
21D. TIME (Manth) (Day) (Year) (Haur) OF INJURY (APPROX.)	21E INJURY OCCURRED  While At Not While Wark  Not Wark	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (this hospital) attend		6 NOVEMBER 1	9 67 to 3 DF	CEMBER 19 67
that (12 (we) last saw the deceosed alive				
ond hour and from the couses stoted obov			ii iii (amayra (ooi) upin	TO GOOD OCCURRED ON THE GO

23B. DATE SIGNED 12-3-67 Attending Phys. Med. Director 23 D. ADDRESS

LOCH RAVEN BOULEVARD Nagui R. El-Bayadi

24C. NAME of CEMETERY OF CREMATORY (City, town, ar caunty) 24D. LOCATION

6. 2967 1967 Baltimore 258. NAME OF REGISTRAR Cemetery Baltin 250. FUNERAL DIRECTOR John Burns Sons, Burial Dec.
25A. DATE REC'D BY HEALTH DEPT.

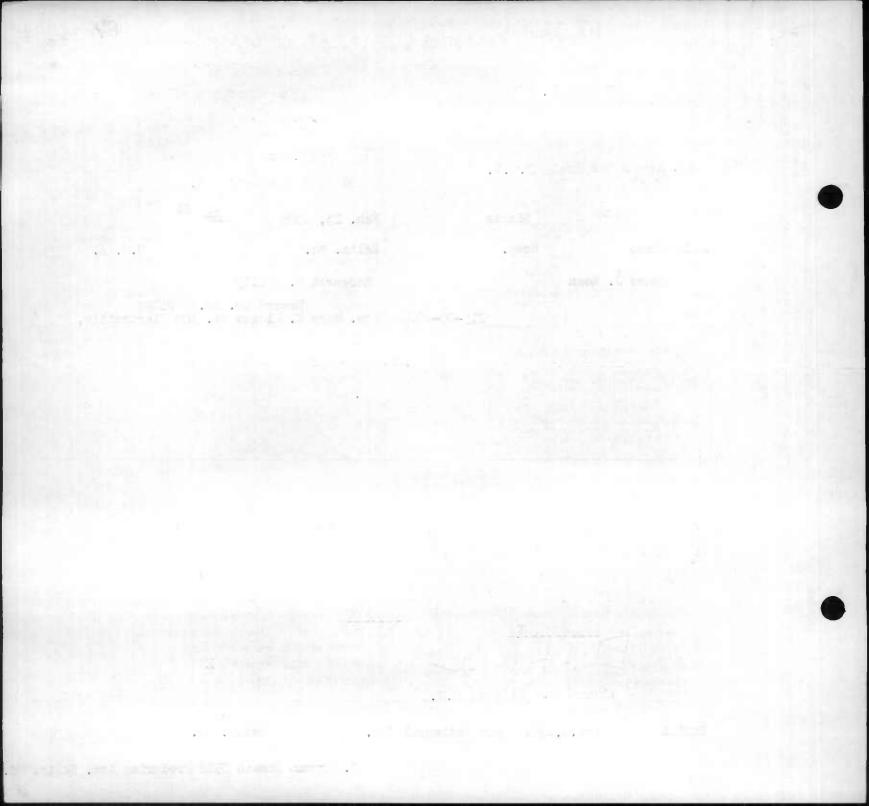
VS 150-REV, 1/1/65

23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type)

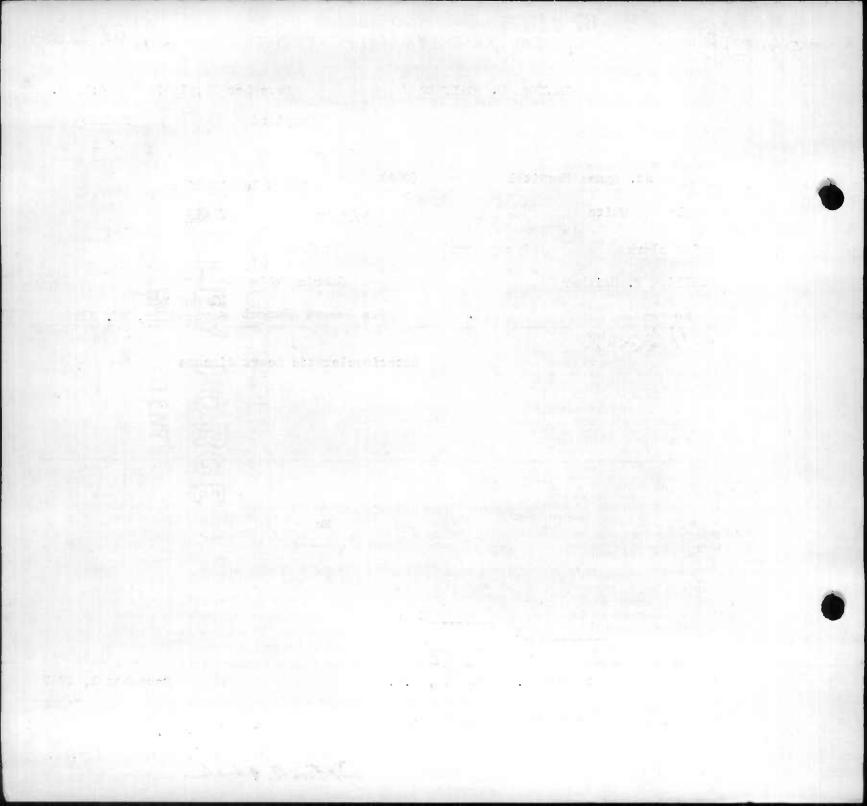
24A. BURIAL CREMATION, REMOVAL (Specify)

BIRTH NO. ME	DICAL EX	KAMINER'S C	ERTIFICA	TE OF I	DEATH Register	red No. 11004
M.E. CASE NO.						
1. NAME OF DECEASED (Type or Print)				2. DATE AN	D HOUR PRONOUNCE	ED DEAD
WILLIAM	J. MOAN			Dece	mber 1, 1967	5:15 p.M.
3. PLACE IN BALTIMORE, MARYLAND,		UNCED DEAD	4. USUAL RESI	DENCE (Where	deceased lived. If insti	tution: residence before odmission)
FILL NAME OF THE NOT IN HOS	BITAL OR INISTIT	LITION CIVE STREET	N.	[arvland		- Contract of the Contract of
FULL NAME OF (IF NOT IN HOS ADDRESS OR LO	CATION)	UTION, GIVE STREET	C. CITY OR TO	WN (If outside	e corporate limits, write	RURAL and agive (ovinship)
INSTITUTION			Re	1timore	-	
St. Agnes Hospita	A D O A		D. STREET ADI		give location)	
A A	IL D.O.A	•	3610	OldFRedi	ERICK Rd.	
5. SEX 6. RACE		NEVER MARRIED	8. DATE OF BIR			If Under 1 Yr. If Under 24 Hrs.
Male White		DIVORCED (specify)	200		9. AGE (In years lost birthdoy) 62	Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of	Singl	E BILCINESS OF INDUSTE	Feb. 13.	1905		12. CITIZEN OF
done during most of working lile, even if retire		F 80 314E33 OK 114 DO 311			in country,	WHAT COUNTRY?
Male Nurse	Hosp.		Balto. M			U.S. A.
3. FATHER'S NAME			14. MOTHER'S	MAIDEN NAM	E	
James J. Moan			Margare	t M. Rei	lly	
15. WAS DECEASED EVER IN U.S. ARA Yes, no or unknown) (If yes, give wor or	AED FORCES?	16. SO CIAL SECURITY NO.	17. INFORM ANT		a least season as a second	ADDRESS
No	dotes of service)	and the second	Maria Maria			1029
[1B. / / = - +		215-09-4069	E OF DEATH	y M. Pic	ket Rt. 108	INTERVAL BETWEEN
DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA  UNDERLYING CONDITION LA  OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS  19A. DATE OF OPERATION 19B. 6 WAS	NS CONTRIBUTI	(C)		***************************************		
E DISEASE OR CONDITION CAUS		***************************************				
19A. DATE OF OPERATION 19B. WAS	PERFORMED	WHICH OPERATION	YE		IN CERTIFYING CAUS	SES OF DEATH?
V 21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB-UTING □ CAUSE OF DEATH.	21 B. hom etc.)	PLACE OF INJURY (e.g., e, lorm, foctory, street,	olfice bldg., INJU	WHERE DID RY OCCUR?	(If in Boltimore City, gi	ve exoct locotion)
	Yeor) (Hour)	21 E. INJURY OCCURRED	21 F. I	ILNI DID WOH	URY OCCUR?	
OF INJURY (APPROX.)		WHILE AT NOT	WHILE			
22.	m.		WORK		1	
I certify that I held an			utopsy X o	nd that on th	is bosis, deoth in n	ny opinion
resulted from: Natural	couses X	Acgident Suicl	de Homi	cide 🗌	Undetermined monn	er 🗌
' A			CHIEF	MEDICAL EX	AMINER _	DATE CICHED
ACTUAL (	t-11	118	ASSISTANT			DATE SIGNED
SIGNATURE	0 0	M.	ASSOCIATE			
EXAMINER'S NAME (Type) Edward	F Wile	on M D	ASSOCIATE	MEDICAL L		December 2, 19
23A, BURIAL CREMATION, 23B. DATI		C. NAME of CEMETERY	or CREMATORY	23 D. L	OCATION (Cily,	, town, or county) (Stote)
	5,1967 N	lew Cathedral	Cem.	F	Balto. Md.	
24A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNE	RAL DIRECTOR	1	ADDRESS
DEC 6 1967	( DO R	E. Farleyna	A	man Cal	2570 P	damidala da man
1901	Ulaksel U	C' AMBOULM	G. 11	TUBELL SCI	IMAD JOTS LLE	derick Ave. Balto.



G-360

		2000	BALTIMORE CITY HEA			\	1 6	57 11	CC
BIRTH NO.	MEDI	CAL EX	KAMINER'S	CERTIFICAT	TE OF D	EATH Register	red No		UU.
M.E. CASE NO.									
(Type or Print)						HOUR PRONOUNC			-
	WILL			11.		ber 30, 19		4:25	
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE		eceased lived. If inst B. COL	JNTY	dence before a	dmi s sia
FULL NAME OF	(IF NOT IN HOSPITA		UTION, GIVE STREET		Maryland	carparate limits, write		OWARD of give townsh	nip)
INSTITUTION				F774	++ C2+			63-0	10
40				D. STREET ADDI	RESS (If rural,	rive lacation)		63-0	, 0
1.0	St. Agnes Hos	pital	(DO	A)	200 0-1				
5. SEX /	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTI		umbia Pike	If Under	1 Yr, If Unde	r 24 H
Male	White		DIVORCED (specify)	- 1 1		last birthday)	Months	Days   Hours	Min
		sing		3/21/03		64 #65#			1
	CUPATION (Give kind of work warking life, even if relired)			RY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZE	N OF COUNTRY?	
chief cl	erk	Circut	Court	Mary:					
3. FATHER'S NA	ME			14. MOTHER'S M	AIDEN NAME				
William	B. Gaither			Carr	ie Hobbs				
15. WAS DECEAS	ED EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT	120000	21 Norw	ADDRESS		
	n) (II yes, give war ar date	s of service)	SECURITY NO.	Mrs Rober	+ 477 nov				
no			1	Tra Hoper	e writhor	t Sykesvi	LLE, M		
1B. 4	11,01		CAUS	SE OF DEATH				ONSET AND	
DISEA	ASE OR CONDITION DI	RECTLY		eriosclerot					
DISEASES RISE TO THE UNDERLY!	ANTECEDENT CAUSE: OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT RE	NY, GIVING TATING THE							
UL DISEASE	OR CONDITION CAUSING	FIT.		LOOA AUTORCY	2 /V N1-1 IO	OD 15 VEC WERE S	NDINGS	ONGIDERE	
19A, DATE O	F OPERATION 198, CON WAS PER		WHICH OPERATION	No No		OB. IF YES, WERE FI N CERTIFYING CAU			
O UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. hame etc.)	PLACE OF INJURY (e.g. e, farm, factory, street,	, in ar about 21C. V affice bldg., INJURY	YHERE DID (III Y OCCUR?	in Baltimare City, gi	ive exact la	cation)	
OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURRED		INTNI DID MO	RY OCCUR?			
(APPROX.)				WHILE WORK					
22.	rtify that I held an I	nquiry 🗌	Inspection X A	utapsy and	d that an this	basis, death in r	ny apiniar	1	
resu	Ited fram: Natural ca	uses X	Accident Suici	de Hamici	de U	ndetermined mann	er 🗌		
	M.	1	1		EDICAL EXA				
ACTUA		11	- 1	D. ASSISTANT M				DATE SIC	SNED
SIGNAT	TURE Charalta	- 6	M.I	D. ASSISTANT M	EDICAL EXA	MINER	N	1 1	067
NAME		s 5. 5p	ringate, M.D	ASSOCIATE M	EDICAL EX	AMINER	Decemb	er 1, 1	907
23A. BURIAL CR	EMATION, 238, DATE		C. NAME of CEMETERY	or CREMATORY	23 D. LO	CATION (City	, tawn, ar c	county) (	(State)
REMOVAL (Speci		67	Springfield	f	Carlo	00will-	.3		
	D BY HEALTH DEPT.	0.40 51 6 6 5	OF REGISTRAR		AL DIRECTOR	esville, M		DDRESS	
ZNA DATE KEC'L				Higi	nboth on	Slack E		t City,	Id.
A. A.	EC 6 1967 ()	West !	E. Farbeyra	Tung	fal Home	levele		-0,7	
VC 151 BEV 171	115			1100	MILY				



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prior to death.

100					HEALTH DEPARTMENT		67 11666
BIR	TH NO.	6'	7 1169	CERTIFICA	TE OF DEATH	Registered Na	4, 41000
	CASE NO.			CERTIFICA			
	DE OF DEC	MICHNO MA	Pare	o T		AND HOUR OF DEATH	7 1150
	N ACE OF DE	MICHNO FIR		٤٠٨.		2.3.67	1-43 P. M.
3.	PLACE OF DE	AIR IN BALIMORE, MA	KILAND		A. STATE B. CC	YTAUC	titution: residence before admission)
	FULL NAME	OF (If not in hospital	or institution, g	ive street	MARYLAN	ND C	
	HOSPITAL OR	oddress or locotio			C. CITY OR TOWN (II	foutside city limits, write R	URAL gad give township
	20	CHURCHA	PAME A	ND HOSPITAL	BALTIMO	RE	26-36
	3.5				D. STREET ADDRESS	(If rurol, give locotion)	
		BALTIMORE	HTS 3	21231	1411 DaN	DALK AVEN	NE
5. 5	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	H	W.		DIVORCED (specify)	2.16.01	lost birthdoy)	Months Doys Hours Min.
		UPATION (Give kind of world			11. BIRTHPLACE (State of		12. CITIZEN OF
don	e during most of	working life, even if retired)			1100		WHAT COUNTRY?
	- 6	ROCER.			MARYL	AND	AH ER.
13.	FATHER'S NA				14. MOTHER'S MAIDEN	NAME	
	J	ACOB MICH	LND		CAROLI	NA AUGUST	INTOK
15.	Was Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	7231	ADDRESS
11		n) (If yes, give wor or dote	s of service)	215 324110	*		
6	INKNOW	M .					
	223	3 X I		CAUSE O	F DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY	C	. 0	anna t	
	(This does	nal mean the made of	dvina oa	(A)	raiac	wour.	
	heart failure,	, asthenia, etc. II means	the disease,	D01 10			
	injury at car	mplication which caused		111	Huarous	arrest.	
		ANTECEDENT CAUSES		DUE TO	J	1 can	
		OR CONDITIONS, if					
		ne abave cause (A) G CONDITION last.	slaling the	(C)			
		11					_
Z	OTHER SIGN	III IIFICANT CONDITIONS (	ONTRIBUTING	,			
115	TO THE D	DEATH BUT NOT RELA	ATED TO THE		eura.		
CERTIFICATIO		F OPERATION 198. CON	DITION FOR W		20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE F	INDINGS CONSIDERED
E	NOV . 2	9 ta 67 Sus	rected	and Sweat	remationa/ a	IN CERTIFYING CAU	ISES OF DEATH?
S.		ENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DIE	O (If in Boltimore	City, give exact location)
AL		UTING CAUSE OF winder CAUSE OF	home etc.)	e, form, foctory, street, of	fice bldg., INJURY OCCUR	?	
20	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	215 110 11 717	INTERNAL COLUMN	
MEL	OF INJURY	(Month) (Doy) (Teon				INJURY OCCUR?	
-	(APPROX.)	-	Worl		· ,		
	22. I certify	y that (1) (this hospita	) attended th	e deceased from	11/17/	19 G 7 to 1	2/3 1967
	that (I) (we	) last saw the decease	d alive an	12/31	19 67 and	that in (my) (vor) apin	ian death accurred an the date
				(Wa) (did)	iew the bady after dea		
Н.	23A. SHONAT		ied abave. (1)	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	lew the bady after dea	τn.	23B. DATE SIGNED
	4	JOG:	was	M.D. Atte	nding Med.	Stoff -	12/3/17
	P	71000		Phy	s. Director L	Phys.	1916/
	PHYSICI.				23D. ADDRESS	House of	the eit o
		ALBINA		M.D.	Chu Ch	14 nee	mody with
244	BURIAL CR		24C. NA	ME of CEMETERY OF CRE	MATORY 24E	LOCATION (City	y, town, or county) (State)
	REMOVAL Baria		42 4	Stanislaus Ce	metery	Reltimore Mary	land
25#		BY HEALTH DEPT.	25B. NAME O		25C. FUNERAL DIREC	Baltimore, Mary	ADDRESS
1234	. DATE RECT	DEC 6 1967	DO B	C. Fr. O. M.A.			
		1001	Virgell	C' Month	Walter Dab	rowski IOO5 Du	HOSTK WASHING

TO THE WAR AND HOST AS DAIL THERE (be a ship a way 1411 DRINDALK AVENUE CALTINGT & HIS 21231 Huresco. 2.16.01 146 GROCEK. MARKILANDA JACOB HICHED CARRINA AWARTMAK 218 324110 NEWSTANDS OF SALES Cardiac armed soldiers of prom A we with also 24th 12 Sungached relication (1) the sole

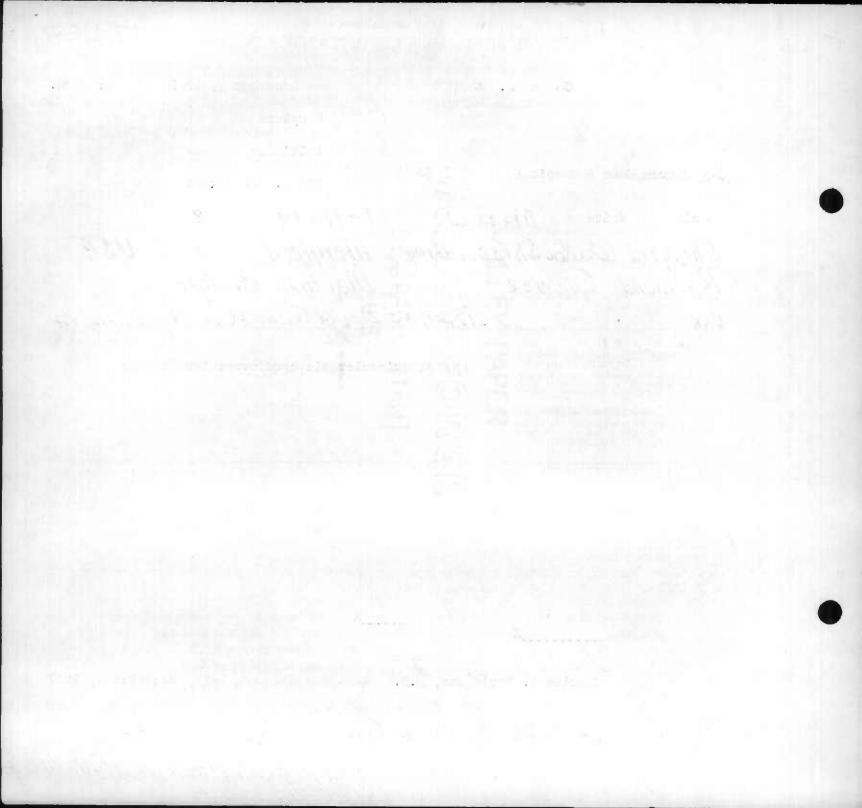
camel House a Henry L.

1992 112

6) 12/5

67 11667 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11667

I.E. CASE NO.	
ype or Printl VONDER J. CONNER	December 3, 1967 9:20 A.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  JLL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  STITUTION	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A. STATE Maryland  C. CITY OR TOWN (If outside corporate limits, whe RURAL and give waship)  Baltimore
Church Home & Hospital (DOA)	D. STREET ADDRESS (If rural, give location)  229 S. Ann Street
Male White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Male White ARRIED WIDOWED, DIVORCED (specify)  ARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years left Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.  48  11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF
SALUSUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRICATION OF BUSINESS OR I	14. MOTHER'S MAIDEN NAME
S. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no orunknown, (If yes, give war or dotes of service)  16. SOCIAL SECURITY NO.	Martha Bridges ADDRESS
nk 212 18/235 11B. CAUS	E OF DEATH  E OF DEATH  E OF DEATH  E OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.)	iosclerotic cardiovascular disease
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or Not 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes  Yes
21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UNDERLYING □ CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore City, give exact lacation) office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)	WHILE WORK
22.	utapsy X and that an this basis, death in my aplnian
resulted fram: Natural causes X Accident Suici	de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER December 4, 1967
3A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY EMOVAL (Specify) 12-7-67 14000000000000000000000000000000000000	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)  (em // // // // // // // // // // // // //
DEC 6 1967 R. D. F. E. Farley	- Bureau Faner of Horne 3631 Falls Rds



## 67 11658 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.\_\_\_\_\_\_

	ASE NO.	TEASED					DATE AN	ID HOUR PRONOUN	CED DEAD	
Type o	r Print)						Z. DAIL AI	- HOOK PROHOUT	CLD DLAD	
		WILLIA		MITCHE		II		ber 3, 1967		12:45 a M.
3. PLAC	E IN BALI	IMORE, MARY	LAND, W	HERE PRONOU	NCED DEAD	A. STATE	ENCE (Where	deceased Irved. It in B. CO	stitution: res	idence before odmission
EIIII N	AME OF	HE NOT II	N HOSPITA	I OP INSTITU	TION, GIVE STREET			Maryland		
HOSPITA	AL OR	ADDRESS	OR LOCA	TION)	HOIA, GIVE SIKEEI	C. CITY OR TOV	VN (If outside	de corporate limits, wri	te RURAL	and give township)
NSTITU	TION					n - 1				
11						D. STREET ADD	timore			- (4)
10	1615	Westwoo	d Ave	. D.O.A	1.					
						16	15 West	twood Ave.		
5. SEX		6. RACE			NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTI	1	9. AGE (In years	Months	er 1 Yr. If Under 24 Hrs Days r Hours , Min.
Ma1	0	Colore	he		RRIED	3-29-	25	42		
					BUSINESS OR INDUSTR		State or forei		12. CITI:	ZEN OF
		working lite, ever				D			WH.	AT COUNTRY?
0 0 0 0	I WING A LAA					Ta,	A15-141 11 A1			21.5.H.
J. FATH	TER'S NAM	TE . I	1 1	111	11	14. MOTHER'S M	AIDEN NAN	IE .		
		Mm	. 1	litche	211	150	ereth	2 -Jac	150	0
		D EVER IN U.			16. SO CIAL	17. INFORMANT	1		ADDRES	S
Yes, no	or unknown	(If yes, give	wor or date	s of service)	SECURITY NO.	1011	1	11/1/11		
Y	ES	WW	I		191-14-1400	MINOR	alv	114chell	44	same_
18,	11 11	13 V.			CAUSE	OF DEATH				INTERVAL BETWEEN
	4.7									ONSET AND DEATH
	DISEA	SE OR COND LEADING T			Tnts	acerebral	homore	chago		
(	This does	not mean the			(~/	acereptar	Hemor	Luage		
h	e ort foilure,	, asthenio, etc. mplication whic	It means	the disease,	XXXXXXX					
		mphroonon white								
	A	ANTECEDENT	CAUSES		HVDe	ertensive	Cardio	vascular Di	seane	
		OR CONDITIO			DUE TO					
		E ABOVE CAU		ATING THE						
					(C)					
CERTIFICATION		- 11								
₹ (	OTHER SIG	NIFICANT COI	NDITIONS	CONTRIBUTIN	IG					
은 !		DEATH BUT			-1E					
E 100		R CONDITION OPERATION			VHICH OPERATION	DOA AUTORSY	2 /Van an Ma	20B. IF YES, WERE I	INDINGS	CONSIDERED
8 72	DAIL OF	OFERATION	WAS PER		THICH OFERATION	20A. AUTOF31	: (162 01 140	IN CERTIFYING CAL		
. 0							ES	YES		
		L CAUSE WA		218, 1	form, factory, street,	in or obout 21 C. V	HERE DID	(If in Baltimore City,	give exact	ocotion)
E UTI		SE OF DEATH		etc.)	Tomi, Tocioty, Succe,	Since brogg, 1143 OK	OCCOR.			
¥	711.4.5					0.18 114	5111 BIB 1311			
210	TIME	(Month) (D	oy) (Yeor	(Hour) 2	IE. INJURY OCCURRED	21F. HC	נאו טוט אינ	URY OCCUR?		
	PROX.			m. W	HILE AT NOT	WHILE				
22.										
	cer	tify that I he	ld an I	nquiry 🔛	Inspection Au	topsy X and	that on th	nis basis, death in	my apinio	on
	resul	ted fram: No	aturol car	ses X A	ccident Suicid	e Homici	de	Undetermined man	ner	
		T		1						
	ACTUA	151	1	- 1	1.1.			XAMINER		DATE SIGNED
	SIGNAT		May 1	TV	M. D	ASSISTANT M	EDICAL E	XAMINER X		
	EXAMIN					ASSOCIATE M				
	NAME (	- \	dward	F. Wils	son, M.D.			-	ecemb	er 3. 1967
23A, BL	JRIAL CRE		DATE ,	230	NAME OF CEMETERY	CREMATORY	23 D.		y, town, or	
REMOV	(Specif	y)	101	7 6	DIL AL	111	-	D. 1	1/1	1
1	JURI	a 16	281	0	Balto. NA	ATI. Cer	n. 3	Da 10.	) 1ck	N. C.
24A. D/		BY HEALTH	DEPT.	24B, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTO	R	/	ADDRESS
					4 90 0	111	10		10/10	111
		TO C	1067	12 0 Be	y And wall	Kuson	Funer	a come	1341	(alhoun.
			T							

20-00-8 60 apend War Hindrell Bentles Town yes now at the total Mindella Midella Total Purcal Bloom Butte Met Own Balan January

	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 11669
BIRTH NO. 67 1	1669 CERTIFICA	TE OF DEATH	Registered No	, 41000
A.E. CASE NO. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Type or Print) Newby.	Elizabeth F.	12-4	-67	1 :30 A
PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before admission
FULL NAME OF (If not in hospital or inst	itution, give street	Maryland		
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outs	ide city limits, write P	RAL and give tawnship)
Provident H	ospital, Inc.	Baltimore,		
30			orol, give lacation)	
		1700 McCulloh		
Female Negro 7. M	ARRIED, NEVER MARRIED  IDOWED, DIVORCED (specify)	11-28-09	AGE (In years ast birthday)	It Under 1 Yr. It Under 24 Hr. Manths Doys Haurs Min.
OA, USUAL OCCUPATION (Give kind of work 10 B. K	IND OF BUSINESS OR INDUSTRY			12. CITIZEN OF
tone during mast af warking life, even if retired)		\/		WHAT COUNTRY?
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	16	U.S.A.
	1		. /	
Alonzo NEWE	/	VASht	HAZE	
5. Was Deceased Ever in U. S. Armed Farces? Yes, no ar unknown) (If yes, give war ar dates of s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	41 1	ADDRESS
NO		Rev. Russeld	New DA-J	SPOTHER SAME
18. 2 2 1 Y I	CAUSE	OF DEATH ALL A	1 8 11.	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	Υ	cerete	ray Hen	ONSET AND DEATH
LEADING TO DEATH	(A)	Season	VI SA	
(This does not mean the made of dying heart failure, asthenio, etc. II means the d		***		
injury or complication which caused death		16 1/11/10	(2)	1001
ANTECEDENT CAUSES	(B)	en juga		
DISEASES OR CONDITIONS, if any,	aivina DUE 10 /			N J
rise to the above cause (A) stating				
UNDERLYING CONDITION lost.				
Z OTHER SIGNIFICANT CONDITIONS CONTR	IDIITING			
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION	[20A. AUTOPSY? (Yes at Nol	20R IF YES WEDE I	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		No	IN CERTIFYING CAL	JSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,		(If in Baltimare	City, give exact location)
U 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natity medical examiner)	home, farm, factory, street, etc.)	office bldg., INJURY OCCUR?	W III Sammara	ony, give exact tocation
0				
OF INJURY (Manth) (Day) (Year) (Has		21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	While At Wark At Wark			
22. I certify that (I) (this hospital) atte	ended the deceased from	November 24.	67 to Dece	mber 4, 19 67
that (I) (we) lost sow the deceased oli				
			Tin(my) (our) opii	nion deorn occurred on the do
and hour and from the couses stated of	pove. (I) (#e) (did) (did not)	view the body after deoth.		DATE SIGNED
23A. SIGNATURE	M.D. At	tending Med.	tell was	12-4-67
Hered	Ph		hy s.	12-4-07
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
DR. C. LAR	M.D.	1514 Division S	street Ba	alto., Maryland
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CE	REMATORY 24D. LO	CATION (Ci	ly, town, ar caunty) (State)
REMOVAL (Specify)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D. I	101.	Kad.
Byria 12767		em, Pro	Rphans	
DEC 6 1967	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1 1	ADDRESS
DEC 0 1301 (66)	rest E. StarbeyMA	Keson Lunes	Ral Hom	e 1348 ('c, hour

10-22-09 Rev. committee bearing

Asilest market are a second

Davie - 3 Acr

**IFICATION** OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No MEDICAL 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., NJURY OCCUR? 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING LCAUSE OF DEATH. 21D TIME 21 E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) WHILE AT NOT WHILE m. WORK 22. Inspection XX Autopsy I certify that I held an Inquiry and that an this basis, death in my apinlan resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 12/5/67 ASSOCIATE MEDICAL EXAMINER EXAMINERS

REMOVAL (Specify)

Burial

NAME (Type)

23A, BURIAL CREMATION.

24A, DATE REC'D BY HEALTH DEPT.

Werner U. Spi(ta

12/9/67

M.D.

Arbutus

24B, NAME OF REGISTRAR

23 C. NAME OF CEMETERY OF CREMATORY

Mem Park

230. LOCATION

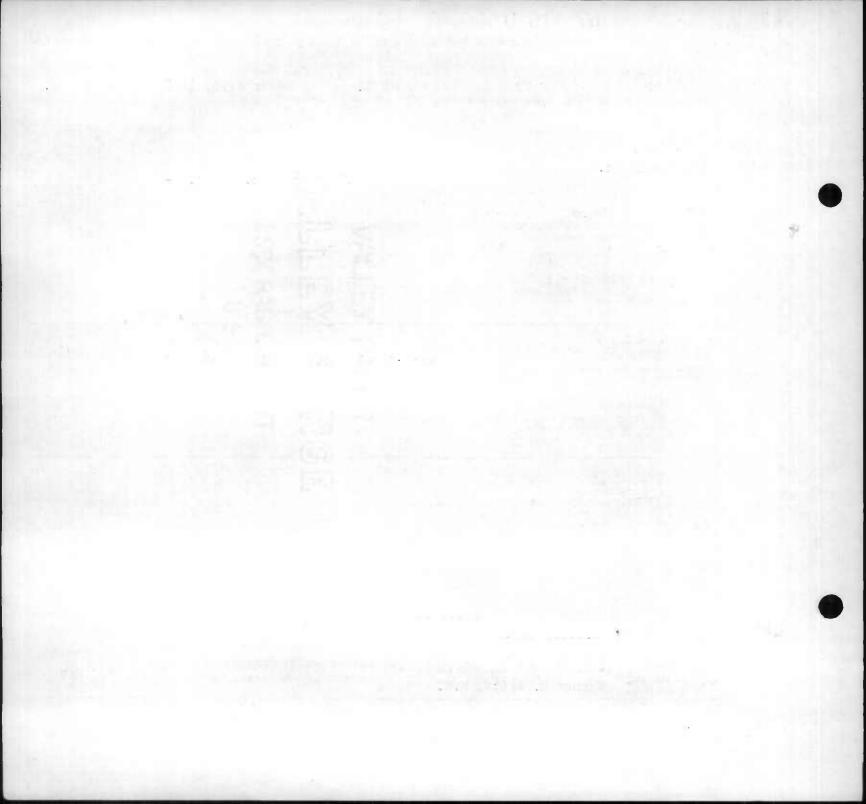
Adolphus Halstead 1206 W North AVe

24C. FUNERAL DIRECTOR

(City, town, or county)

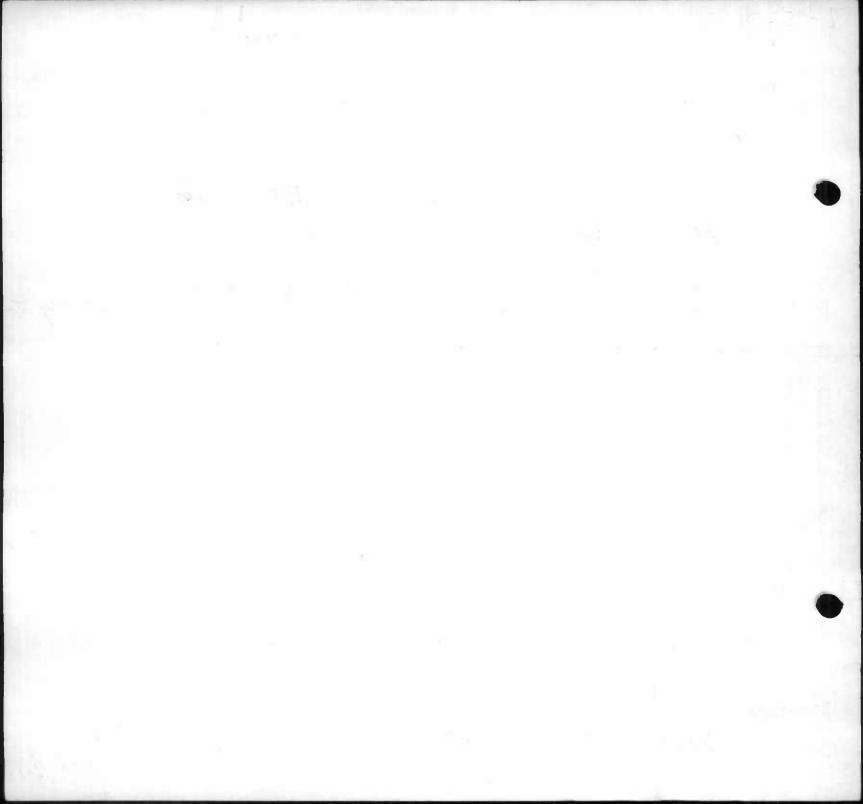
ADDRESS

(Stote)



-	500
1-	250
	cause of death use; (5) Deceased tendance on the r to death. Such
•	if death occurred is bet or contributing 1) Undetermined co was in regular at the deceased prio position is made.
PORTANT	is assistant o, if the dire fany kind; (f nced death endance on
Ξ	Also Also anthe
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 67. 11671 CERTIFICA	ATE OF DEATH Registered No. 6/ 116/1
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) BLANCHE THOMAS	12-5-67   6:45 A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	HD.
HOSPITAL OR oddress or locotion)	C. CITY OR TOWN (If outside city limits, write RURAL and give to inship)
O LUTHERAM HOSPITAL OF MO.	BACTIMORE
730 ASHBURTON St. BALTITIOKE MADZINK	D. STREET ADDRESS (If rurol, give location)
V	1501 PUKELAND 81.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) W (D)	B. DATE OF BIRTH  9. AGE (In years lost birthdoy)  10-31-90/  9. AGE (In years Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY?
deniema ko	St. Mans Co. Ma.
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
18 at Mr.	Manuio.
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	CHART 2204 Preshures &
11B. CAUSE (	DF DEATH INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	chro vascular accident
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. II means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if ony, giving	00.
rise to the obove couse (A) stoting the (C) THE	sutengene Cardio varantos Diseale
7	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O INE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No.)] 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of DEATH (notify medical examiner)	
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY  (APPROX)  While At Not Whi	ile 🖳
Work At Work	
22. I certify that (I) (this hospital) attended the deceased fram	
that (I) (we) last saw the deceased alive an	19 <u>6</u> .7and that in(my) (aur) apinian death accurred an the date
and hour and from the causes stated above. (I) (We) (did) (did not)	
23A. SIGNATURE  M.D. At	tending Med. Stoff Phys. 23B. DATE SIGNED
23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS 730 ASHBURTON St. Baltimou, MD 212/6
24A. BURIAL CREMATION, 24B. DATE ( 24C. NAME of CEMETERY OF CE	REMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) 12/8/67 (CAR OUT) MI	very Pl- askirtus Mik
25A, DATE REC'D BY HEALTH DEPT/ 25B, NAME OF REGISTRAR	25C. EUNERAL DIRECTOR ADDRESS
DEC 6 1967 P. P. B. E. Falluma	Earl Gilmore 1827 W Horth less
VS 150-REV. 1/1/65	Tune Jume 1841 Word und



•	FUNERAL DIRECTOR: IMPORTANT
his certificate must be approve he body was released to the hv hows: (1) An accident of any na	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of ony kind; (4) Undetermined cause; (5) Deceased N
vas D.O.A. at a hospital (excep eceased prior to death); and ( rritten approval must be obtain	vas D.O.A. at a hospital (except where the physician who pronounced deoth was in regular attendance on the leceased prior to deoth. Such vitten approval must be obtained before the remains are embolmed or final disposition is mode.

CM A CMIS BALTIMORE CITY HEALTH DEPARTMENT	05 : 1050
BIRTH NO. 67 11672 CERTIFICATE OF DEATH Registered No.	6/ 116/2
M.E. CASE NO.	
1. NAME OF DECEASED , 2. DATE AND HOUR OF DEATH	
(Type or Print) ANNO B.B./1.S.C. MON. 12-4-6	7:45 P.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If it	stitution: residence before admission)
A. STATE B. COUNTY	21 44
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)  C. CITY OF TOWN (If pulside city limits, write	RURAL and give township)
INSTITUTION B. IL. IN O DE	II- 11121
D. STREET XDDRESS (If rurol, give location)	2/230
South Baltimore GENERAL HOSP. 1/28 W. Hambi	urg St.
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years widowed, Divorced (specify) 9. AGE (In years	Months Doys Hours Min,
remare white widow. 0-1-04. 63.	
10%. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
Rot, NURSES AID- St. BANES HOSPITAL BOLTO, Mary land	USA
73. FATHER'S NAME	1
John Price MANY AGNES Jac.	obs.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	ADDRESS (CAn. )
No 214-18-6243 Betxy-41320SS-6	PAUGHSER) (JUINE)
18.5 70. 21 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	10 hr
(This does not mean the mode of dying, e.g., DUE TO	10 W
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES (B) hyporalenea and or endator	un 10 hr.
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C) until and influence of the control of	
UNDERLYING CONDITION last.	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
disease or condition causing it.	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21 O. WHERE DID   (If in Boltimot OR CONTRIBUTING   CAUSE OF   CAUSE O	e City, give exact location)
DEATH (notify medical examined etc.)	
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	13-11 10 62
22. I certify that (I) (this hospital) attended the deceased from 2 - 3 - 19 6/ to that (this (we) last saw the deceased alive on 2 - 4 - 19 6/ and that in (we) (aur) ap	12-4 19-6/.
	inian death occurred on the date
and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.	23 B. DATE SIGNED
	12-5-67
NAME (Type)	/
Michard H. MEEd M.D. 12/3 Kight St	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY	ity, town, or county) (Stote)
DURIBL AR8-8-67 foundam paris	EVANC
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 260-FUNERAL DIRECTOR 14005	CHANS ADDRESS 21230
	(Upiter)
VS 150-REV. 1/1/65	e de la companya de l

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Perland Helind Mr Q

	OF	440	BALTIMORE CITY	HEALTH DEPARTMEN	T	67 11673
BIRTH NO.	0/	1167	3 CERTIFICA	TE OF DEAT	H Registered No.	0, 110,0
M.E. CASE NO.	CED		021(11)10/		E AND HOUR OF DEATH	
(Type or Print)		THOS S	CTHED			
3. PLACE OF DEAT	XON, FLORI	ENCE ES	STHER	USUAL RESIDENCE	ECEMBER 5	1967 1:15A. M
or reads of bear	in the property was			A. STATE B. C	OUNTY	h of h
FULL NAME OF	(If not in hospital	or institution, g	give street	MARYLAND	BALTIMORE	Balta Co.
HOSPITAL OR	oddress or location			C. CITY OR TOWN	If outside city limits, write	RURAL ond give township)
/	ST AGNES I		_	CATONSVI	LLE 21228	53-00
40	CATON & W			D. STREET ADDRESS	(If rural, give location)	
	BALTIMORE	, MARYI	AND 21229	3 15 INGL	ESIDE AVENU	E
5, SEX 6.	RACE		NEVER MARRIED DIVORCED (specify)	8, DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
FEMALE	WHITE	MARR		09-10-98	69	77.011.13
IOA. USUAL OCCUP		10B. KIND OF		11. BIRTHPLACE (State of		12. CITIZEN OF
done during most of wo	rking life, even if retired)	7	+'	MADVIA		WHAT COUNTRY?
H043		204	Estic	MARY LAND		U.S.
3. FÁTHERS NAME					NAME	
CHARLES	WALTEMEY	ER		MAMIE	r s	
5. Was Deceased En	ver in U. S. Armed For f yes, give wor or date	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
i es, no or unknown/u		2 OI ZELAICEI	214 56 013	ST AGNES	RECORDS C	ATON & WILKENS
140	NONE		CAUSE O		11200100 0	INTERVAL BETWEEN
5.70	.5		CAUSE O	/ A		ONSET AND DEATH
	OR CONDITION DIR	ECTLY	15	- 57 0 1 2 1	J. A	
	meon the mode of	dvina. e.a	DUE TO	04000	neuro re	
heort foilure, os	sthenio, etc. It meons	the diseose,	۸		- 1 1	
	icotion which coused	deo Ih.)	41	1 to And	oll obyh	u Ka
AN	ITECEDENT CAUSES		DUE TO	VIVY		
	CONDITIONS, if		/			
	obove couse (A)	sloling lhe	(C)			
	1.0			· · · · · · · · · · · · · · · · · · ·	1 / - 1	
OTHER SIGNIFIC	II CANT CONDITIONS C	ONTRIBUTING	3 40,000	lized o	utelis sch	on's
TO THE DEA	TH BUT NOT RELA	TED TO THE	E (C)	- La		
OTHER SIGNIFIC TO THE DEA DISEASE OR CO	PERATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes		FINDINGS CONSIDERED
Ë	WAS PERI	ORMED		NO	IN CERTIFYING CA	AUSES OF DEATH?
U 21A. ACCIDENT	WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or about 21 C. WHERE D	ID (If in Boltimo	re City, give exact location)
OR CONTRIBUTE	WAS UNDERLYING DATE	hom etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, of	fice bldg., INJURY OCCU	R?	
U						
OF INJURY	Month) (Day) (Year)		INJURY OCCURRED		INJURY OCCUR?	
(APPROX.)		Whi	le At Not While			
22. Leartify th	not <b>X</b> (1) (this haspital	) attended th	he deceased from N	OVEMBER 25	19 67 to DEC	EMBER 5 19 67
,			DECEMBER 5			ATTLE CATTER AND
						inion death occurred on the date
		ed above. 🕅	(Me) (qiq) ( <b>)(</b> (4 <b>)</b> (4 <b>)</b> (4)(4)	lew the body after de	oth.	
23A. SIGNATURE	10000	110	10			23 B. DATE SIGNED
111	Mes C	Ju	M.D. Atte	s. Med. Director	Stoff Phys. X	12/5/67
23C. PHYSICIAN	S			23D. ADDRESS		
ROLAND	O DEL ROS	AR IO	M.D.	ST AGNES	HOSPITAL	
24A. BURIAL CREM.			AME of CEMETERY of CRI			City, town, or county) (State)
REMOVAL (Spe		24C.NA		24	LOCATION (	(state)
BURLE	76 12-8-6	67 CE	Edne HIL		Anne Arund.	/ 1
25A. DATE REOD B	Y HEALTH DEAT	25B, NAME C	F REGISTRAR	25C. FUNERAL DIRE	HUMB 6 HUNE	And Howe
	40		-,	Hamison In	miller 2101	Huderick live
VS 150-REV. 1/1/65					(	

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

Lesterfrom Dr. J. C. Pound re date of death should be "Dec. 4, 1967". 

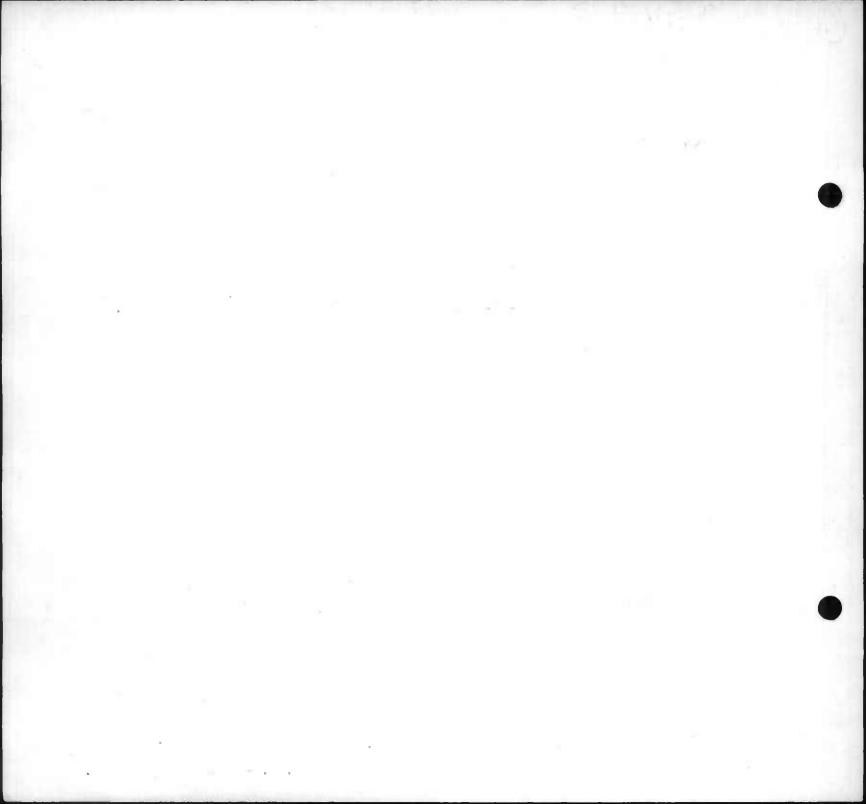
MORTON & DYETT F.H.

1701 Laurens St.

BALTIMORE CITY HEALTH DEPARTMENT

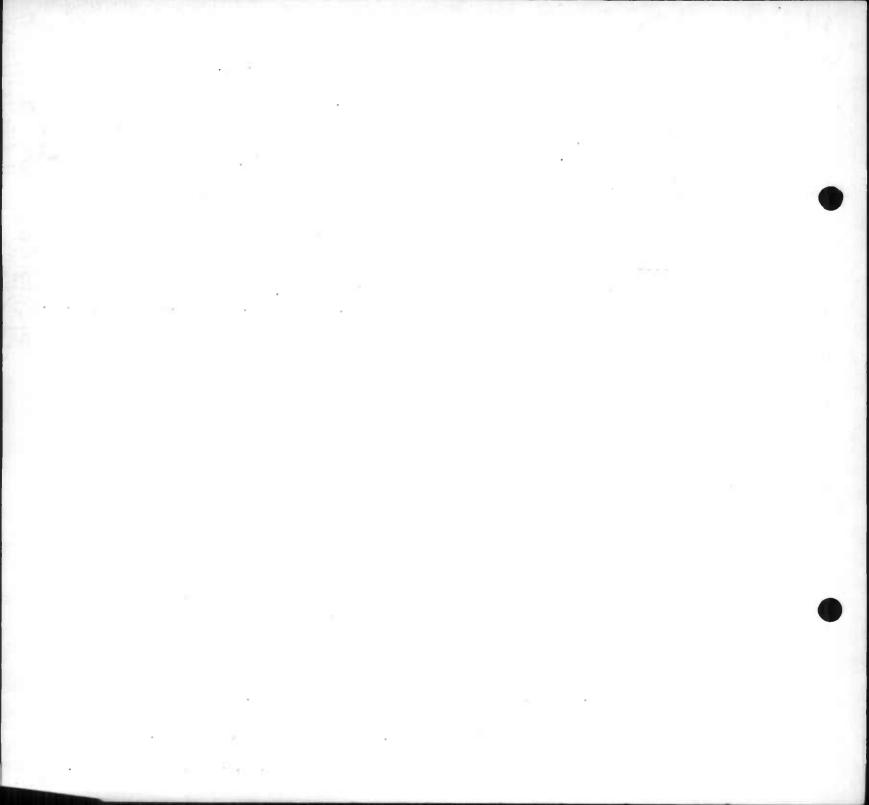
No

	D-1 (L)  BALTIMORE CITY	HEALTH DEPARTMENT	67 11676
	67 11676 CERTIFICA	TE OF DEATH Registered Na.	01 11010
1. N	AME OF DECEASED	2. DATE AND HOUR OF DEATH	
	James Clark Peull 1155.	Jr 125/67	10120 Am.
3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND	A. USUAL RESIDENCE (Where dedeased lived, If insti	tution: residence before admission)
1	ULL NAME OF (If not in hospital or institution, give street OSPITAL OR address or location)	C. CITY ON OWN (If ausside city limits, write RU	1
1	NSTITUTION ,	C. CITY OR TOWN (If aufside city limits, write RU	KAL and give lowiship)
	university of marylandflosp	D. STREET ADDRESS (If tural, give lacation)	
	38	821 Glen allen	dr.
. 5	WIDOWED DIVORCED (specify)	6/8/08 59	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Sales Mar Meat thains	maryland.	4577
3.	ATHERS NAME	14. MOTHER'S MAIDEN NAME	1 -
	James C Devilors ST	Margaret E. Abr	
Ye:	Vos Decessed Ever in U. S. Armed Farces?  16. SOCIAL SECURITY NO.	17. INFORMANT) Mrs. James De	
1	INK 214-09-415 th	E29 Glen All	
	CAUSE OF	-	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	sminal anewysmecton	er Sdays
	(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	, , , , , , , , , , , , , , , , , , , ,	
	injury at camplication which caused death.)		
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)		
	UNDERLYING CONDITION last.		
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		years
ERTIFIC/	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED
ERT	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	77	City, give exact location)
AL C	OR CONTRIBUTING CAUSE OF hame, form, foctory, street, of DEATH (notify medical examiner)	fice bldg., INJURY OCCUR?	Lity, give exact (acahan)
	21D. TIME   Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ME	OF INJURY  While At Not While		/
	22. I certify that (I) (this haspital) attended the deceased fram	11/9 1067 10 12	15 10/19
	that (I) (we) last saw the deceased alive an	and that in(my) (aur) apini	on death assured on the date
	and haur and fram the causes stoted abave. (1) (We) (did) (dld not) v		An nantu accoused ou tue gate
	23A. SIGN ATURE	-	23 B. DATE SIGNED
	M.D. Atte	nding Med. Stoff Director Phys.	
		23D. ADDRESS	114 40
	Nicholas C. Bosch M.D.	University of Mary bu	nd Hospital
244	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City,	tawn, or caunty) (State)
	Burial 12/8/67 Rose Hill Ce	m. Hagerstown, Md.	
25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	DEC 6 1967 P. C. R. E. Fr. O. M.	Witzke F. D 4101 Edmor	dson Ave.
VS	50-REV. 1/1/65		



FUNERAL DIRECTOR: IMPORTANT	1111
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	
the body was released to the hospital by a medical examiner. Also, it the alrect of contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
written approved must be obtained before the remains are embalmed or final disposition is made.	

	E. CASE NO.	RTH NO. CERTIFICA			1	
	pe or Print)	Nn.	Dec. 3, 1967 8 6			
. P	Bertha Anderson PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceosed lived. If i	institution: residence before admiss	
			A. STATE B. COUNT	Υ		
	FULL NAME OF (If not in hospital or inst HOSPITAL OR address or location)	Md.				
	INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL) and give toward				
	Anderson Conv. Home		Bultimore  D. STREET ADDRESS (If rurel, give location) Anderson Conv. Home 3604, Mohawk Ave.  B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 h			
	3604 Mohawk Ave.					
	F Wh	ARRIED, NEVER MARRIED (IDOWED, DIVORCED (Specify) Widowed	9/25/86	ost birthdoy[]	Months Doys Hours Mi	
	USUAL OCCUPATION (Give kind of work 10B. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?	
9110	Housewife		Maryland		USA	
3. 1	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E		
	Pfeiffer					
F 5		14 505:11	17. INFORMANT		ADDRESS	
les	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of s	ervice) 1 6. SOCIAL SECURITY NO.	Elizabeth P. Ar	nderson	WDDKE22	
					New York, N. Y.	
	18.4450.0 I	CAUSE O		**	INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY	Υ /	)	•	ONSET AND DEATH	
	LEADING TO DEATH	(A)	nemonto	>		
	(This does not meen the mode of dying		····			
	heart failure, asthenia, etc. It means the d injury or complication which coused death		en when I a	il me		
	friendly the					
	ANTECEDENT CAUSES	(B)/	<u> </u>	,		
		DUE TO	Elevation	o se gay		
	DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stolin		Eleron )	o see ou		
	DISEASES OR CONDITIONS, if ony,		Pelendres	p geraj	X	
	DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stollin UNDERLYING CONDITION tost.	ng lhe (C)	Cleron	De frey		
NOI	DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stolin UNDERLYING CONDITION tost.	ng lhe (C)	Eleration ) emlitz	of perong		
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	DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stolin UNDERLYING CONDITION tost.  II OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTING TO THE	Cleron	208. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?	
	DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stolin UNDERLYING CONDITION tost.  II OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTING TO THE	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	AUSES OF DEATH?	
AL CERTIFIC	DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stolin underlying condition tost.  OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	IBUTING TO THE	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?	
CAL CERTIFIC	DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stolin underlying condition tost.  11 OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	IBUTING TO THE  N FOR WHICH OPERATION ED  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?	
CAL CERTIFIC	DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stolin UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED WAS PERFORMED TO CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hotor INJURY)	IBUTING TO THE  PROPERTION  218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  218. INJURY OCCURRED  While At Not While	20A. AUTOPSY? (Yes or No)  n or obout 21C. WHERE DID ffice bidg., NJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?	
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stolin UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19.A. DATE OF OPERATION 19.B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21.D. TIME (Month) (Doy) (Year) (Horo Finjury (APPROX.)	IBUTING TO THE  N FOR WHICH OPERATION ED  218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  21E. INJURY OCCURRED  While At Not While At Work	20A. AUTOPSY? (Yes or No)  n or obout 21C. WHERE DID ffice bidg., NJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING C.  (If in Boltimo	ore City, give exoct locotion)	
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stolin UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED WAS PERFORMED TO CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hotor INJURY)	IBUTING TO THE  N FOR WHICH OPERATION ED  218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  21E. INJURY OCCURRED  While At Not While At Work	20A. AUTOPSY? (Yes or No)  n or obout 21C. WHERE DID ffice bidg., NJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	ore City, give exoct locotion)	
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MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stolin UNDERLYING CONDITION tost.  11 OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Horomore)  21D. TIME (Month) (Doy) (Year) (Horomore)  21D. TIME (Month) (Doy) (Year) (Horomore)  22D. Time (Month) (Doy) (Year) (Horomore)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	IBUTING TO THE  N FOR WHICH OPERATION ED  218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  21E. INJURY OCCURRED  While At Not White At Work  anded the deceased fram  ve an	20A. AUTOPSY? (Yes or No)  20A. AUTOPSY? (Yes or No)  19	20B. IF YES, WERE IN CERTIFYING C.  (If in Boltimo  RY OCCUR?  t in (my) (aur) ap  Staff Chys.	Dinian death accurred an the    23 B. DATE SIGNED   23 B. DATE SIGNED   25 City, town, or county) (Sto	
MEDICAL CERTIF	DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoling UNDERLYING CONDITION tost.  11 OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Doy) (Year) (Horo Finjury (APPROX.))  22. I certify that (I) (this haspital) attentiat (I) (we) last saw the deceased ali and haur and from the causes stated at 23A. SIGNATURE  23C. PHYSICIAM'S NAME (Type)  A. BURIAL CREMATION, PAUL BE	IBUTING TO THE  218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.)	20A. AUTOPSY? (Yes or No)  20A. AUTOPSY? (Yes or No)  19	20B. IF YES, WERE IN CERTIFYING C.  (If in Boltimo  RY OCCUR?  t in (my) (aur) ap  Staff chys	Dinian death accurred an the    23 B. DATE SIGNED   23 B. DATE SIGNED   25 City, town, or county) (Sto	

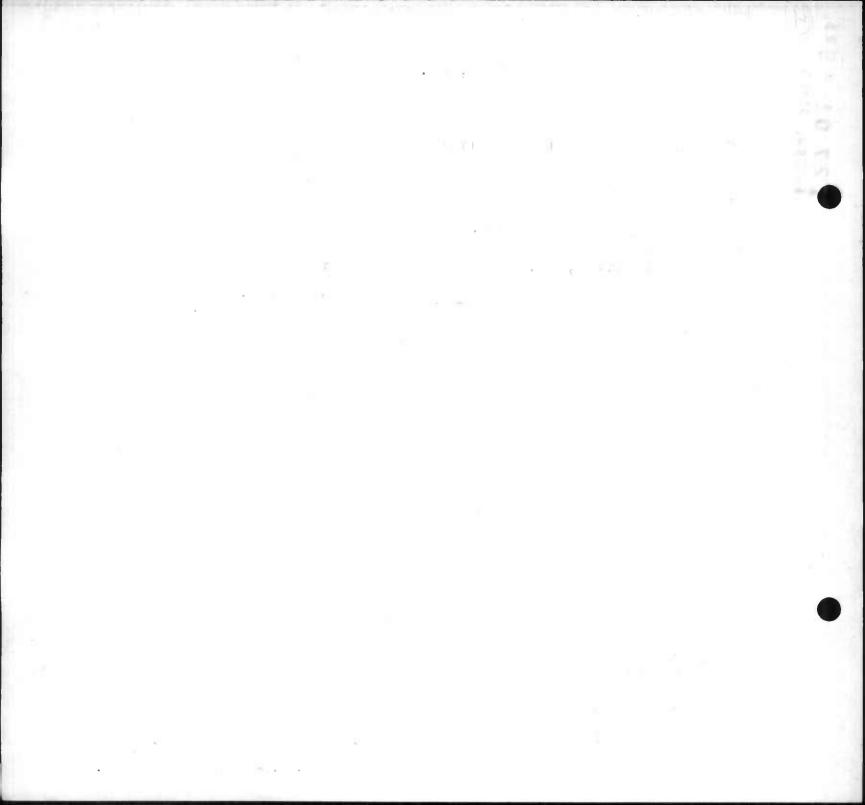


IMPORTANT

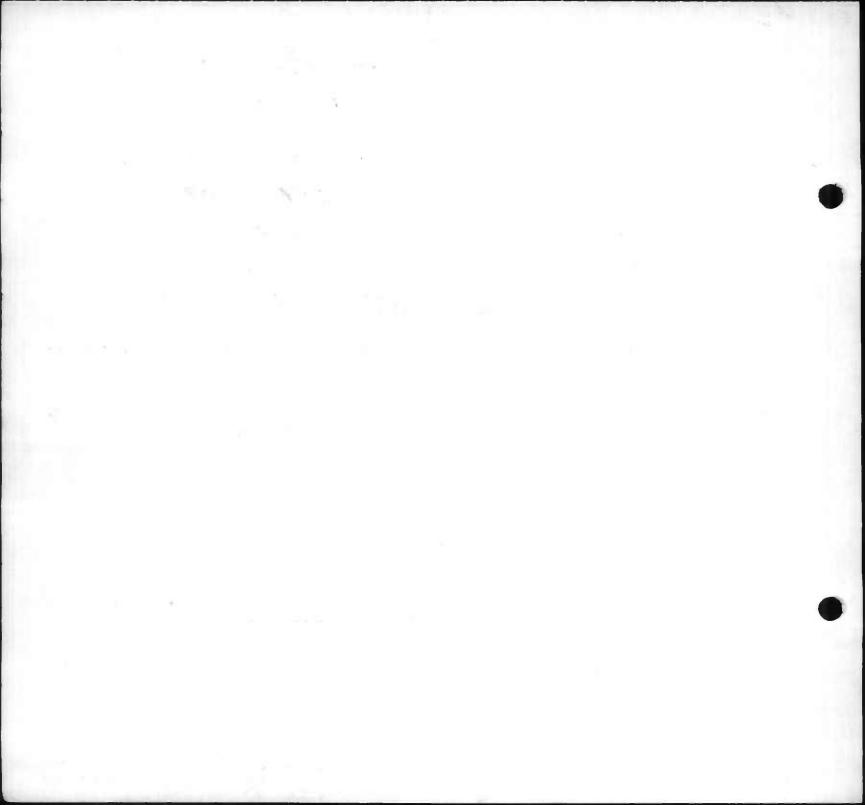
FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



	BALTIMORE CITY HEALTH DEPARTMENT					
- 11	erth No. 67 11679	CERTIFICA	TE OF DEATH Registered No.	. 6/ 116/9		
1	A.E. CASE NO.  NAME OF DECEASED Type or Print  Catherine	H. Poloms	12-2-67-	705-10		
3	PLACE OF DEATH IN BALTIMORE, MARYLAND	, , , ,	4. USUAL RESIDENCE (Where deceosed lived, If			
	FULL NAME OF (If nat in haspital or institution oddress or location) INSTITUTION		Md -	e RURAL old give tawnship)		
4	9 NORTH Charles H	60p.	Bultimore			
			1127 Hull ST			
5		ED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH 10-20-90 9. AGE (In year)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.		
	6A. USUAL OCCUPATION (Give kind of work 10B, KIND lone during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar fareign country)	12. CITIZEN OF WHAT COUNTRY?		
	5 Kinny		Poland	Poland		
	3. FATHERS NAME Michael Polomsk	7	14. MOTHERS MAIDEN NAME - US Kneu	rn		
1	5. Was Deceased Ever in U. S. Armed Forces? Yes, na or unknown! (If yes, give wor or dotes of service)	e) 16. SOCIAL SECURITY NO.	9 Chart N. CH G.	Hesp.		
-	18. 2 3 0 × 1	CAUSE O	F DEATH	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY		and the something	ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the mode of dying, e	e.g., DUE TO	aspiration vomidin			
	Chis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the  OUE TO  The strong of the country of					
	DISEASES OR CONDITIONS, if ony, givinise to the above couse (A) stating	DUE TO	adominal tumo.	× 11-29-67		
	UNDERLYING CONDITION lost.	(C)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	OF THE SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WES	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
	U 27A, ACCIDENT WAS UNDERLYING	218, PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (If in Boltin	nore City, give exact location)		
	OR CONTRIBUTING CAUSE OF	home, form, foctory, sheet, o etc.)	ffice bldg., INJURY OCCUR?			
	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?			
	< (A PRPOY)	While At Wark  Not While At Wark				
	22. I certify that (I) (this haspital) attended the deceased fram 12 - 19 6/ta 12 - 2 19 6/ta					
	that (1) (we) last saw the deceased alive an 12-2-67 # 7pm and that in(my) (aur) apinian death accurred an the date					
	and have and from the causes stated above	(I) (We) (did) (did nat) v	view the bady after death.			
	23A. SIGNATURE	M.D. Atto	ending Med. Stoff Phys.	12-2-67		
	23C. PHYSICIAN'S.		23D. ADDRESS	,		
	Name (Type Kohn	C M.D.	NorTh Charles 1-	lesp.		
3	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR		(City, town, or county) (Stote)		
	Buriel 12/6/67 A	tely Rosery	Cemetery Bellione	,-r, Md.		
	25A. DATE REC'D BY HEALTH DEPT.	TO REGISTRAR	25C. FUNERAL DIRECTOR Charles L. Stever	15 Funeral Home, In.		
	0FC 6 1951 USEW 150-REV. 1/1/65	O. C. Monday.	1501 E. F	Fert HYThur		

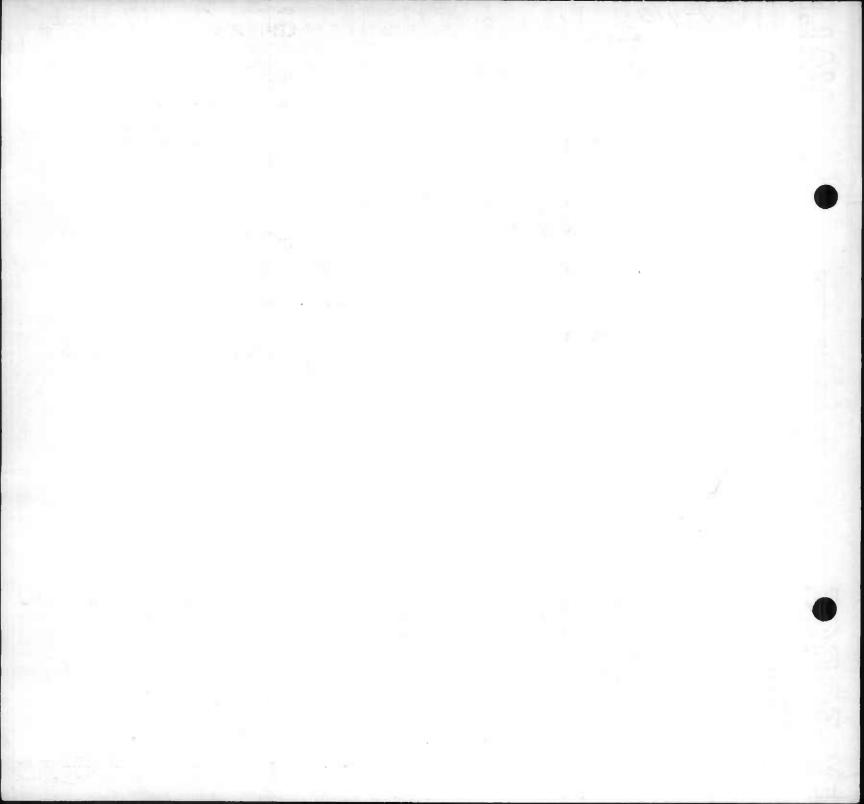


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

07 44000	BALTIMORE CITY	Y HEALTH DEPARTMENT		67 11680
ыктн но. 67 11680	CERTIFICA	TE OF DEATH	Registered No	01 11000
I, NAME OF DECEASED		/	D HOUR OF DEATH	
McELROV CLARA		12-5-	1 -	1
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		stitution: residence before admis
FULL NAME OF (If not in hospital or institution address or location)	n, give street	C. CITY OR TOWN (II outs	tomere G	URAL and give township)
31 Bon Secon	r Hosp	CATCHS VII	ural, give location)	53-00
37 2025W-for	yethe St	617 Celeppi		429
5. SEX 6. RACE 7. MARRIE WIDOW	D, NEVER MARRIED (ED, DIVORCED (specify)	B. DATE OF BIRTH	AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Months Days Hours Mi
TOA, USUAL OCCUPATION (Give kind of work) 108, KIND	OWED	11. BIRTHPLACE (Stote or foreign	7 G	12, CITIZEN OF
done during most of working life, even if retired)		44001114415	,,.	WHAT COUNTRY?
11 FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	USA
1 1 0 1		110000		
15. Was Deceased Ever in U. S. Armed Porces?	1 6. SOCIAL	17. INFORMANT	ennie	ADDRESS
(Yes, na ar unknown) (If yes, give wor or dates of service	SECURITY NO.	GRACE MAFELPA	V HHID PA	VERY Ph
118. (5 ) 7 7 1	CAUSE C	OF DEATH	X TTIO NOI	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		eute fulmona		ONSET AND DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e.,	(A) A	ente fulmona	if edene	
heort foilure, oslhenia, etc. II meons the diseas injury or complication which coused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, givin	ng			
rise to the obove couse (A) stating the UNDERLYING CONDITION last.	1e (C)			
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.	R WHICH OPERATION	20A. AUTOPSY? (Yes of No)	208. IF YES, WERE F	INDINGS CONSIDERED
11-9-67 WAS PERFORMED		No	IN CERTIFYING CAL	ISES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	1B. PLACE OF INJURY (e.g., ome, larm, foctor) street, oft	in ar about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare	City, give exoct location)
Ω 21D. ΠΜΕ (Manth) (Day) (Yearl (Hour) 2	TE INJURY OCCURRED	21 F. HOW DID INJ	NET OCCUR?	
	While At Not Whi			
22. I certify that (I) (this hospital) attended			9 to 12 5	-67 1132 19
that (I) (we) lost saw the deceased alive or				
and haur and from the couses stated above.		,		-
23A. SIGNATURE		1		23B. DATE SIGNED
M. Mohamade	M.D. Att	rending Med. Director	Staff Phys.	12.5.67 1/32.
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
DR Melsen McKai	M.D.			
REMOVAL (Specify)	NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (Cit	y, town, or county) (Sto
BURIAL 12-8-67 K	LOOPLAWN CE	METERY BA	LTO	MARYLAND
DEC 6 1967 A.O	A E SaleuMA	WEBER FUNER	AL HOME 5	311 EDMONDSON
VS 150-REV. 1/1/65	7	1 1 3 4 5 1	7 16	AVINIE

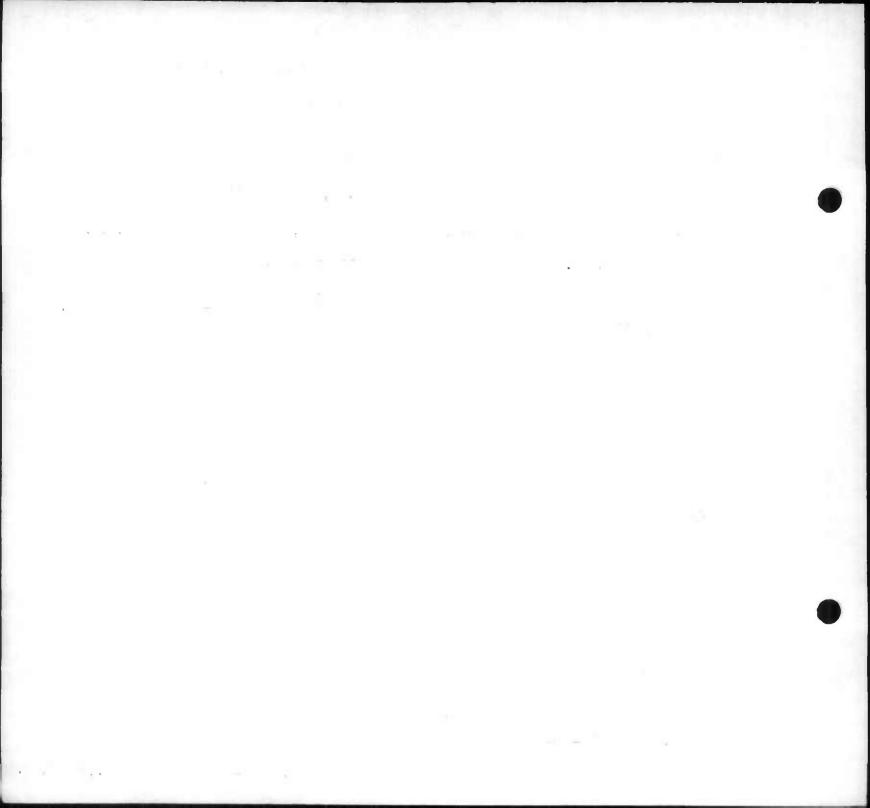
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	Y HEALTH DEPARTMENT	67 11684
BIRTH NO. 67. 11681 CERTIFICA	TE OF DEATH Registered No.	67. 11681
M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) VOELP, LOUISE	12-4-67	4 P. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE B. COUNTY	titution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street	Maryland Baltimor	re (
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (II outside city limits, write R	
Luther an Hospital of Haryland	D. STREET ADDRESS (If rurol, give location)	(ona 53-00
46	2029 Englewood Ave	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY	3/5/1888 7 9	12. CITIZEN OF
done during most of working lite, even if retired)	0 4	WHAT COUNTRY?
Rotine d House Wile	Mary (and	U.S.A.
John H. Mattheisz	Matherine Bender	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	Garage M. Warana Garage	s # 4
1B. 5 2 2 XI CAUSE C	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0 TA	91. 2
(A) (A) (This does not mean the mode of dying, e.g., DUE TO	Imonary Edema	WH N
heart failure, asthenia, etc. It means the disease, injury at complication which caused death.)	0	
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, if ony, giving		
rise to the obove couse (A) stating the (C)UNDERLYING CONDITION lost.		AAAAA
11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No.)] 20B. IF YES, WERE F	INDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DESCRIPTION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  V 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g.,	IN CERTIFYING CAL	SES OF DEATH?
OR CONTRIBUTING CAUSE OF home form factory street	in or about 21 C. WHERE DID (If in Baltimare office bldg., INJURY OCCUR?	City, give exact location)
DEATH (notify medical examiner)	-	
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED  While At Not Whi	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work . Not Whi	, U , (3AM)	
22. I certify that (1) (this hospital) attended the deceased fram	196/ to 4 PM	12-4-19 67.
that (I) (we) last saw the deceased alive an 4 PM 19	4 - 19 6 7 and that in (my) (aur) apin	ian death accurred on the date
and haur and fram the causes stated abave. (1) (We) (did) (did (at)	view the bady after death.	
23A. SIGNATURE M.D. At	tending Med. Stoff	23B. DATE SIGNED
23C. PHYSICIAN'S	ys. Director Phys.	18-4-6/
NAME (Type)	1 10 10 11	Mar Pard
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CE	Lughan Horm	y, town, o'county) (State)
Burial 12/7/67 Woodlawn	Baltimore	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	J.T. STATEBURY 6411 Wi	ndsor MITICE of
VS 150-REV. 1/1/65	71-7-1	~ 209 - 7~ Y, MY.



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DIRECTOR:	•
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FUNERAL	

BIRTH	3-65 I NO. CASE NO.	3 67	11682	CERTIFICA	TE OF DEATH	Registered Na.	67 11682
1.NA	or Print)	EMORY BR			DECE	MBER 5. 1967	M.
FL	JLL NAME OF OSPITAL OR	F (If not in hospital oddress or location	or institution, g	pive street	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived, if i	nstitution: residence befare admission)  RURAL ond give township)
0	0 3	3402 BATEMAN	AVENUE		D. STREET ADDRESS 3402 BATEM	(If rurol, give locotion)  AN AVENUE	/5-5/
5. SE	X ALE	6. RACE COLORED	7. MARRIED, WDIVOI	NEVER MARRIED  CLD (specify)	B. DATE OF BIRTH OCT. 3, 1884	9. AGE (In years lost birthdoy) 83	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min.
done	during most of w	varking life, even if retired)	Post (		PENSACOLA, FI	LORIDA	12. CITIZEN OF WHAT COUNTRY? U. S. A.
		Bryant, Sr.			Elizabeth Gr		
	os Deceased no or unknown)	Ever in U. S. Armed For- Ulf yes, give wor or dote	s of service)	16. SOCIAL SECURITY NO.	NATHANIEL HIC	GHTOWER - 340	ADDRESS  2 BATEMAN AVE.
	(This daes not heart failure, injury or cam  A  DISEASES Orise to the	E OR CONDITION DIR LEADING TO DEATH of mean the made of asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if abave cause (A) 5 CONDITION last.	dying, e.g., the disease, death.)	(B)	rauioma		ONSET AND DEATH
ATIO	TO THE DE	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERI	TED TO THE T. DITION FOR V		20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL	OR CONTRIBU	TING CAUSE OF medical examiner)  [Month] (Doy) (Year)	hom etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?		re City, give exact location)
WE 2	(APPROX.)  22. I certify that (I) (we)	that (I) (this hospital	) attended the	le At Not While At Work	196 and	196 ta that in (my) (our) op	196 196 1
2	23C. PHYSICIA NAME (I) BURIAL CREA	REDER	ed dbove. N	ADAMM.D.	23D. ADDRESS [22]	Stoff Phys	238. DATE SIGNED  POST 196  POST 196  Lity, town, at county) (Stote)
E	BURIAL	12-10-	67 EV	VERGREEN CEME	25C. FUNERAL DIRECT		, FLORIDA  ADDRESS DISON AVE., BALTO, MD
VS 1	50-REV. 1/1/6	9103	Hav Ci			7	



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO. 67 11683 CERTIFICATE OF DEATH Registered No. 01 11683	_
MILE CASE NO.	_
1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission	M.
FULL NAME OF (If not in hospital or institution, give street)  A. STATE  B. COUNTY  MARYLAND  HOWARD  A. STATE	
HOSPITAL OR oddress or location)	-
INSITUTION O O	
DON DECOURS TOSPITAL D. STREET ADDRESS (If rurol, give location)	_
marrotts ville Road 2/104	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy) Months; Doys Hours; Min.	s.
MARRIED 8/10-1964 E3	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)	
CLORICAL STATEROADS AND BALTS MA	
13. FATHER'S NAME	
RICHARD L. BUCKER OWENSY DIXON	
15, Was Deceosed Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   ADDRESS   SECURITY NO.   17. INFORMANT   ADDRESS   SECURITY NO.   17. INFORMANT   SECURITY NO.   17. INFORMA	
NO NO	
18. CAUSE OF DEATH INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A) Shulch fed plu tom (y)	
(This daes not mean the made of dying, e.g., heart failure, osthenia, etc. 11 means the disease,	
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)  (B)  (B)	
DUE TO VILLE	****
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C)	
UNDERLYING CONDITION Iost.	
	_
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE USEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHIRE DID (fin Boltimore City, give exect tocotion)	_
OR CONTRIBUTING CAUSE OF   home, form, foctory, street, office bldg., INJURY OCCUR?	
D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
White At Not While	
WOIK AT WOR	_
22. I certify that (I) (this hospital) attended the deceased from Lynn 13 19 67 to December 4 19 67	4
that (1) (We) lost saw the deceased alive on December 4 19.67 and that in(my) (out) opinion death occurred on the da	te
and hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death.	
23A. SIGNATURE	
Melin N. Briller M.D. Attending Med. Stoff Director Phys. 12/5/67	
23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS 5000 Balto, National Pile	
M.D. Baltinson, Maryland 21229	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)	
Burgo 12/9/67 New Cachedral lem Balto MA	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	_
DEC 6 1967 R. a. B. E. Farkeyma Thomas & Korne We 1600Hollins	

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		BALTIMORE CIT	Y HEALTH DEPARTMENT		07 4400
	TH NO. 6	7 11684 CERTIFICA	ATE OF DEATH	Registered Na	6/ 11684
1, N	AME OF DECEASED	Mollie B	2. DATE A	AND HOUR OF DEATH	7 2.42 @
3. F	PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (WI A, STATE B. COU	here deceased lived. If inst	itution: residence before admission
		or institution, give street	Md.	Balt. Cit	<
	OSPITAL OR oddress or locotion	B: 11/1 1	1	outside city limits, write RU	R. L and give township)
	Johns Hope	Rens Hospila	D. STREET ADDRESS	If rurol, give location)	6 -1
1	33 ′	/	1444	H. Gar	Street
5. S	F 4	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	Oct. 29, 1912	- 55	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL O CCUPATION (Give kind of work during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR	Farmuille	(reign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	fries	14. MOTHER'S MAIDEN N	Chosby	
15. Yes	Was Deceased Ever in U. S. Armed For s, no or unknown) (If yes, give wor or dote	rces? 16. SOCIAL	17. INFORMANT	1	ADDRESS 1444 N. Ga
	18.	CAUCE	Days ter	wind Jack	Bin - 1444 N. G
	DISEASE OR CONDITION DI				ONSET AND DEATH
	LEADING TO DEATH	(A) A	cute myocan	dial interaction	· 2 hours
	(This does not mean the mode of heart failure, asthenia, etc. It means	the diseose,			
	injury or complication which coused  ANTECEDENT CAUSES	(8)			
	DISEASES OR CONDITIONS, if	DUE TO			
	rise to the obove couse (A)				
	II .				
ATION	OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELATED				
CAT	DISEASE OR CONDITION CAUSING		20 A. AUTOPSY? (Yes or	No. 208. IF YES. WERE FIR	NDINGS CONSIDERED
RTIFIC,	WAS PER	FORMED	y-es	No) 208. IF YES, WERE FILL IN CERTIFYING CAUS	SES OF DEATH?
Ç	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
ICAL	DEATH (notify medicol-examined	etc.)			
MEDI	21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E, INJURY OCCURRED  While At Not Wh	21F. HOW DID IN	NJURY OCCUR?	
	(APPROX.)	Work At Wor		13	
	22. I certify that this hospita		Dec. 5	19 6 / to	
	tha (1) we) last saw the decease				on death accurred on the dat
	23A_SIGNATHRE	ted above. ((We) (did) (did nat)	view the bady after death		23B, DATE SIGNED
	John Stal	M.D. A	ttending Med. Director	Stoff Phys.	Dec. 5, 1967
	23C. PHYSICIAN'S NAME (Type)	-	ys. Director 23D. ADDRESS	rnys.	care. 5, 1101
	Tehn D.	Fraker M.D	7	Horkins	Horrital
24A	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D.	LOCATION (City,	, town, or county) (State)
6	Sume 12-86	7 Ballo nat	ella	Ballo	me
25 A	DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	OR /	ADDRESS
VS	150-REV. 1/1/65	BASIN ALAMINICAN	xaaquu	uson 1000	mantoyu.

Mollie Gil Den sylle I Per HO HIS IM Bald, more 1444 N. God Strat Oct 29, 1912 55 damph rus Formally, UR. USA Housenife Many Chishy James Tathio Douglito - Many Jackson 1944 4 Col oh Acute inspecies and infantion I Y-25 John Brown Dec. 5 1967 Interpret manyoth what John D. Gruber

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BALTIMORE CITY HEALTH DEPARTMENT

ERTIFICATE OF DEATH

Registered No. 67 11685

	ALE OF DEATH
M.E. CASE NO.	2. DATE AND HOUR OF DEATH
(Type or Print) HERBERT JOHNSON	12-5-67 1.20 Pu
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	12-5-67 1:20 PM.  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)  A. STATE  B. COUNTY  MARYALND
FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, write (URAL and give township)  BALTIMORE
33 THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give location) 233 N. DALLAS CT.
5. SEX MALE NEGROID 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MCLULL 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	B. DATE OF BIRTH  9. AGE (In years lost birthday)  1-23-96  9. AGE (In years Months; Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during nost of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country).  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME HENRY	14. MOTHER'S MAIDEN NAME
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
18.422, 1 CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  DUE TO	eteriosclerotie cardio - 18ars
heart foilure, osthenia, etc. It meons the disease, injury or complication which caused death.)	rancaem qualist.
ANTECEDENT CAUSES  OUE TO  DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the (C) UNDERLYING CONDITION last.	
a biserise on correlation excessive in	ie active supatitis
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U   21 A. ACCIDENT WAS UNDERLYING   21 B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltimore City, give exact location) office bldgs, INJURY OCCUR?
21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED  OF INJURY (APPROX.) Not While At Work At Work	
22. I certify that (1) (this haspital) attended the deceased from	12/4 1967 to 12/5 1967.  19 67 and that (n(my)) (aur) apinion death accurred on the date
and haur and fram the causes stated above (1) (Ve) (did) (did not)	view the bady after death.
23C. PHYSICIAN (MEENL Phy	Hending Med. Stoff Phys. 23B. DATE SIGNED  23B. DATE SIGNED  12 /5 /67
G. MICHAEL VINCENT M.D.	Johns Hopkins Hosp.
Buncl 12-9-67 mt Artur	Cat Buroklyn Ma
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	250 PUNERAL DIRECTOR ADDRESS Ling O Welson 1000 Brantly a
VS 150-REV, 1/1/65	

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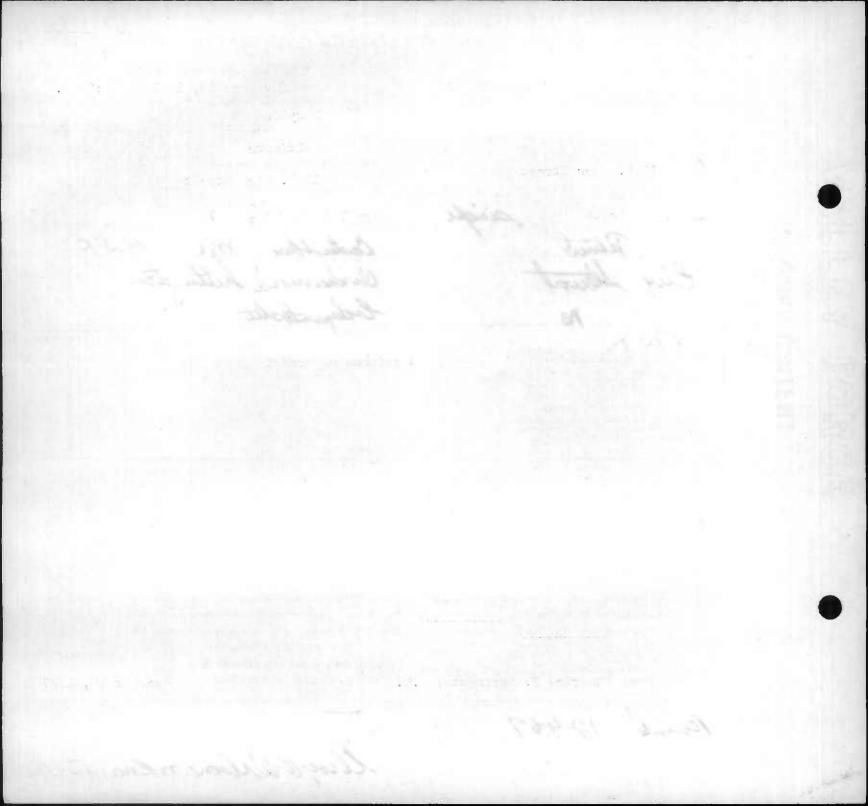
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased N was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the N	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
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OM 43000 BALTIMORE CITY	HEALTH DEPARTMENT	000 11000
BIRTH NO. 67 11686 CEPTIFICA	TE OF DEATH Registered No.	67 11666
M.E. CASE NO.		
Type or Print) Tunius L. Lipscomb	2. DATE AND HOUR OF DEATH	7 9:30 PM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE I Where deceased lived. If institu	tian: residence befare admission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddiess or location)	ma	
institution 2003 N Wolfe St.	Best times a	AL ond give (Whiship)
	D. STREET ADDRESS (If rurol, pive locotion)	0
00 Baltimore	2003 N NOTTE ST.	<u>y</u>
5. SEX 6. RACE Neg no Married, Never Married Widowed, DIVORCED (specify) Married.	9/8/75 72	Under 1 Yr. If Under 24 Hrs. anths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, eyen if retired)	1/ -	CITIZEN OF WHAT COUNTRY?
13. FATHER NAME	11. MOTHERS MADEN NAME	U.S.
George Lipscomb	Lavinoa:	
15. Was Deceosed Ever in U. S. Armed Forces?  [Yes, ga pr unknown] (If yes, give war ar doles af service)  16. SOCIAL  SECURITY NO.	17. INFORMANT	ADDRESS
Yes World War I 213-07-6953	Wife Same	as Abone:
TB. 157 X I CAUSE C	DE DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	cinema of Pancieus	Unterwein.
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	6 6 11 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ANTECEDENT CAUSES (B)		<b>,</b>
DISEASES OR CONDITIONS, if any, giving		
rise to the above cause (A) stating the (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	120	
19A. Date of OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED CANCENDARY OF PANOLES	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINE	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF home, form, foctory, street, or	in or about 21C. WHERE DID (If in Boltimore Ci-	y, give exoct locotion)
DEATH (notify medical examiner)		
D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED  OF INJURY  While At Not Whi	21F. HOW DID INJURY OCCUR?	
(APPROX.) Work At Work		Dey
22. I certify that (I) (this haspital) attended the deceased from	Hugust 1967 10 3	1967
that (I) (we) last saw the deceased alive an	and that in (my) (aur) apinia	n death accurred an the date
and haur and from the causes stated above. (1) (We) (did) (did nat)		B. DATE SIGNED
	tending Med. Stoff	12/3/67.
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS N. With St.	B. It is
MIVIN Mon poson M.O.		Garl more:
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D, LOCATION (City, I	own, or county) (Stote)
25A DATE REGIO BY HEALTH DEPT.   25B. NAME OF REGISTRAR	250. BUNERAL DIRECTOR	ADDRESS
COT OR BUG Fr. Durum	Troy Olderon 1000 BI	untou he
VS 150-REV. 1/1/65)		X

BIRTH NO.

## 67 11687 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E	CASE NO.							
I. N	AME OF DECE					2. DATE AN	D HOUR PRONOUNCED DEA	D
. , ,		Si	TELLA ST	EWART		Nove	ember 29, 1967	3:20 P. M.
3. P	LACE IN BALTI	MORE, MARYLAND, W	HERE PRONOU	NCED DEAD	I A STATE	ence (Where ary land	deceosed lived. If institution: r B. COUNTY	esidence before admission)
HO!	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	TION, GIVE STREET	C. CITY OR TOV		le corporote limits, write RURA	ond give township)
	00 11	A. Eden Str	reet		D. STREET ADDR	RESS (If rural,	, give location)	/
5. S	EX IA	. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years   If Ur	der 1 Yr. If Under 24 Hrs.
F	emale	Negro	WIDOWED, D	pivprcsD(specily)	12-16-	- 1892	2 last birthday) Mantl	ns Days Haus Min.
		PATION (Give kind of wor orking file), even if retired)	kilos. Kind of	BUSINESS OR INDUSTR	Casteras	State as fareig		TIZEN OF
13. F	ATHERS NAME	10mm	1		14. MOTHER'S M.	AIDEN NAM	Attenton	
15. \ Yes	WAS DECEASED,	EVER IN U.S. ARMET	FORCES? es of service)	16. SO CIAL SECURITY NO.	17. INFORMANT	D	ADDR	ESS
		10			collin	Sosu	W	
O	(This does not heart foilure, injury or com  AN DISEASES ORISE TO THE UNDERLYING  OTHER SIGN TO THE EDISEASE OR	CAUSE WAS OR CONTRIB-	dying e.g., she diseose, deoth.)  S ANY, GIVING TATING THE  CONTRIBUTING THE  LATED TO THE GIT.  NOTION FOR VIFORMED	(A) Card DUE TO  (B) DUE TO  (C)	No in or obout 21C. W	? (Yes or No)	208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	DEATH?
	OF INJURY (APPROX.)	(Month) (Doy) (Yee	m. W	ORK AT W	WHILE ORK		URY OCCUR?	lon
	ACTUAL SIGNATU	RE Mari	5.2		CHIEF MI	EDICAL EX	XAMINER X	DATE SIGNED
	EXAMINE NAME (T	ype)		ingate, M.D.	ASSOCIATE M			per 30, 1967
REA	BURIAL CREM ADVAL (Specify) DUMULE DATE REC'D E	12-4 EY HEALTH DEPT.	167 1 248, NAME		24C. FUNER		Brooklyn	ADDRESS (Sjote)
Ve	151-REV. 1/1/6	EC 6 1967	Robert	E. Farkeyna	Cho	1000	ilsonfort	nautty k
13	121-NL V. 1/1/0							



	67	11688	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 11688
BIRTH NO.	46-00691	LICO	CERTIFICA	ATE OF DEATH	Registered Na.	0/ 11000
	DECEASED	Evans		2. DATE AN	D HOUR OF DEATH	-1.71
3. PLACE O	F DEATH IN BALTIMORE, M	ARYLAND		4. USUAL RESIDENCE I When	re deceosed lived. If in	stitution: residence before admission
FULL NA	MF OF (If not in hospite	l or institution, give st	reet	MARYLAND	•	
HOSPITA	L OR oddress or locati			C. CITY OR TOWN (II out	tside city limits, write	RURAL and give tawnship)
20	T.,	Hansana H		BALTIMORE		1-07
33	THE JOHNS	HOPKINS H	OSPITAL	D. STREET ADDRESS (IF 1808 ASHLA	ND AVE.	
5. SEX	6. RACE NEGROID	7. MARRIED, NEVE WIDOWED, DIV		1-15-66	9. AGE (In years lost birthdoy) YR	tl Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
	OCCUPATION (Give kind of wo		NESS OR INDUSTR	11. BIRTHPLACE (State or fore	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
bone during n	Buly			Protein	me	1181
13. FATHER	S NAME	1		14. MOTHER'S MAIDEN NA	ME	- Ment
HE	RMAN EVANS			BERNICE /	entous	
15. Wos Dec	eased Ever in U. S. Armed Friknown)  IIf yes, give wor or do		OCIAL ECURITY NO.	17. INFORMANT		ADDRESS
1103,110 01 01	No	ies di service/	ECORITI NO.	Ben a lan	Luce	Leave 1
/1B	2101		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION D	IRECTLY	<u> </u>	A .		ONSET AND DEATH
(71.	LEADING TO DEATH		(A) Y/	Im Wegalin	e ssepesi	1 Tells
heort fo	loes not mean the mode of pilure, osthenio, etc. It mean	s the diseose,	DUE TO	1 01 +	- 1	
injury	or complication which cause		in low	terial en	entis	24 hrs
DISTA	ANTECEDENT CAUSE		DUE TO			
	SES OR CONDITIONS, if o The obove couse (A		IC)			
UNDE	RLYING CONDITION lost.					
Z	II SICNIFICANT CONDITIONS	CONTRIBUTING				
E TO TI	SIGNIFICANT CONDITIONS HE DEATH BUT NOT REI SE OR CONDITION CAUSING	ATED TO THE				
U 19A. DA	TE OF OPERATION 198. CO	NDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
19A.DA	WASPE	RFORMED		YES	IN CERTIFIENG CA	NO DEATH.
U 21 A. AC	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF	home, form	E OF INJURY le.g., n, foctory, street,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	III in Boltimor	e City, give exact location)
U	Inotily medical examiner	etc.)			Andreas Contract	
OF INJ			RY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
APPRO	χ.)	While At Work	Not With		1 00	
22. I c	ertify that (1) (this haspit	al) attended the dec	ceased fram	2-2-61	19to	2-1 1961
that (I	(we) lost saw the deceo	sed olive on		19ond th	ot in (my) (aur) op	inian deoth occurred on the do
and ho	ur and from the couses st	ated above. (1) (We	) (did) (dld/hot)	view the body ofter death.		
23A,610	SNATURE , A	57 /	//			23B, DATE SIGNED
1//	Illiam C.	1 lac loa	M.D. At	ys. Med. Director	Stalf Phys.	12-2-6/
	YSICIAN'S ME IType)			23D. ADDRESS		
	WILLIAM C.	MAC LEAN,	JA. M.D	THE JOHNS H	OPKINS HO	SPITAL
24A. BURIA	L CREMATION, 24B. DATE VAL (Specify)	24C. NAME o	CEMETERY OF CI	REMATORY 24D. L	OCATION IC	ity, tawn, or county) (Stote)
Bem	1 1.7 0	69 Prote	a hour	ut	Bronkell	in the
25A. DATE	REC'D BY HEALTH DEPT.	25B. NAME OF REG	HSTRAR	250 FUNERAL DIRECTOR	1	ADDRESS
	THE P 1301	John C.	TONGCO POR	Sucubliklas	2/00/1914	culling
VS 150-REV	. 1/1/65					/

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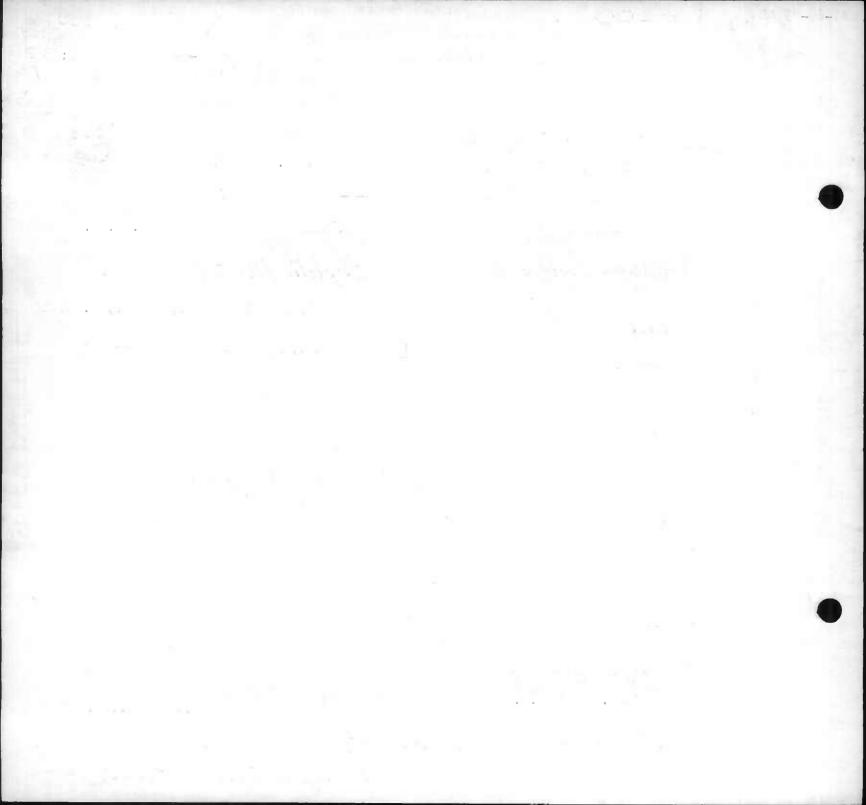
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YES

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BIRTH NO.	.500	- 1109U		HEALTH DEPARTMENT	Registered No.	67 11689	}
M.E. CASE N 1. NAME OF (Type or Print)	DECEASED	MACK			IND HOUR OF DEATH	67	45 PM
3. PLACE OF  FULL NAM  HOSPITAL  INSTITUTIO	OR oddress or locoti	or institution, give street			NE ARUNDEL	RURAL ond give township	odmission)
31	BALTIMORE CIT 4940 EASTERN A	VENUE			Farit.	52-0	2
5. SEX FEMALI	BALTIMORE, MAR 6. RACE NEGRO	YLAND 21224  7. MARRIED, NEVER MA WIDOWED, DIVORCEI SEPERATED		BOX 262 RT.  B. DATE OF BIRTH  3-4-00	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under Months Doys Hours	der 24 Hrs. Min.
OÀ. USUAL			OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
3. FATHERS	Dare Sed	ewiek		- Partett	ma Ital		
5. Was Dece Yes, no or unk	ased Ever in U. S. Armed Fanown) (If yes, give wor or do	Mces? les of service)  16. SOCIAL SECURI		RECORDS BALT D	MORE CITY HO	SPITALS DDRESS BALTO., MD. 2	1224
(This do	SEASE OR CONDITION D LEADING TO DEATH ses nal mean the made of lure, asthenia, etc. It mean camplication which cause ANTECEDENT CAUSE	f dying, e.g., s the disease, d death.)	CAUSE O	ver failu	re of the Lin	interval Bett Onset and E weeks	
OTHER TO THE DISEASE	SOR CONDITIONS, if the abave cause (A. YING CONDITION last.  II SIGNIFICANT CONDITIONS E DEATH BUT NOT REIOR CONDITION CAUSING E OF OPERATION 198. CO WAS PE	CONTRIBUTING ATED TO THE	GET C	ne heart 20A. AUTOPSY? (Yes or ) YES	hally No 208. IF YES, WERE IN CERTIFYING C	2 Lucelos FINDINGS CONSIDERED ALISES OF DEATH?	
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examiner			n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	-	re City, give exoct locotion	0
21D. TIM OF INJU	RY	(Hour) 21 E. INJURY O	Not Whil		NJURY OCCUR?		
that (I)	rtify that (1) (this haspit (we) lost saw the decea	sed alive on	12-4-	19 6 ond		12- 4- 1 Dinion death accurred o	n the dote
23A. SIGI	my E. J	agon	M.D. Atte	ending Med. Director 23D. ADDRESS	Stoff Phys.	23B. DATE SIGNED	7
24A. BURIAL REMOV BML 25A. DATE R		M.D.  24C. NAME of CEA  26D July  25B. NAME OF REGISTRA	M.D.	RECORDS: BALTIM	STERN AVE., Brovely		224 (Stote)
VS 150-REV.	DEC 6 1967	12.2. 8 8. F	La Vice Mar	Mayal	ilson 1000.	Budly R	



FUNERAL DIRECTOR: IMPORTANT	4
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	~
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	-
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	- (
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	3
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	1
written approval must be obtained before the remains are embalmed or final disposition is made.	-6

67 11690 BALTIMORE CITY HEALTH DEPARTMENT 67	11690
M.E. CASE NO.  CERTIFICATE OF DEATH  Registered No.	11030
(Type or Print) MORRIS, LETTIE (LOTTIE)  2. DATE AND HOUR OF DEATH DECEMBER 3, 1967	10 30 pm.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, If institution: res	idence before odmyssion)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)  C. CITY OR TOWN Proutside city limits, write RURAL and	16-01
INSTITUTION Was been flaggital Baltimers of 17	give township)
D. STREET ADDRESS (If rurol, give locotion)	AVEDA
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGD (In year) 11 Under	1 Yr. If Under 24 Hrs.
Female Negro Wildred (125/99 lost thoday) Months	Days Hours Min.
done during most of working file Lean it retired)  10A. USUAL OCCUPATION (Giff kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or Toreign country)  WHA	EN OF T COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	fr.
Ocasia a dances lande lande	)
15. Wed Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
(Yeshno or unknown) (If yes, give war or dates of service) SECURITY NO.	· lema
1 4 4 5 X 1	NTERVAL BETWEEN
DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH  A GAMESIENE Small Bowel and 4	dans & 2 days.
	(respectively)
injury or complication which coused death,)  ANTECEDENT CAUSES  (B) A SCHD & Hyperkension /	2+415.
DISEASES OR CONDITIONS, if ony, giving	J
rise to the obove couse (A) stoling the (C) UNDERLYING CONDITION tost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	CONSIDERED
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOSSY: (Yes or No) 20B. IF YES, WERE FINDINGS OF D 198. CONDITION 198. CONDI	
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	exect locohon)
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY  (A PPROX.)  While At   Not While   At Work   At Work	
22. I certify that Affithis haspital) attended the deceased from Den Nov 28 1967 to DEC	2 3 1967
that W (we) lost sow the deceased alive on 1967 and that in (my) (our) opinion death	occurred on the dote
and hour ond from the causes stoted obove. (We) (did) (did not) view the body ofter death.  23A. SIGNATURE	CONTRA
	-3-67
23C. PHYSICIAN'S 23D. ADDRESS	. 5 - /
Arthur C. Burdett M.D. The Johns Hopkins Hospita	1
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or	<u></u>
Bungel 12-9-67 Whites Carl While	The
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. THERAL DIRECTOR	ADDRESS
Market C. Market M. Mary M. M. M.	111

mayland Daltimore 17 Johns Hopkins highetel Former Magra- alexans 4/22/49 68 Larah Harper Jersie anderson YES.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	-540	BALTIMORE CITY	HEALTH DEPARTMENT		67 11691
BIRT	TH NO. 67 116	91 CERTIFICA	TE OF DEATH	Registered Na	Ol Troot
1. N	AME OF DECEASED		2. DATE A	NO HOUR OF DEATH	130
Пур	e or Print JosePH CON	NOLLY		2/4/67	9 PM.
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh.	ere deceased lived. If institu NTY	ution; residence before admission)
F	ULL NAME OF (If not in hospital or institute oddress or location) NSTITUTION	on, give street	c. CITY OR TOWN HI	utside city limits, write RUR	AL ond give township)
'	MERCY	HOSP.	O, STREET ADDRESS	- RURAL -,	FALLSTON
	37 67 1	*	219 A Th	rurol, give location)	-62-00
5. \$	AL . O .   WIDO	NED, NEVER MARRIED WED, DIVORCED (specify) Warried	2/22/15	9. AGE (In years In No. 1)	f Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min,
	USUAL OCCUPATION (Give kind of work 10B, KINI	OF BUSINESS OR INDUSTRY	11. BYRTHPLACE (State or for	eign country)	2. CITIZEN OF WHAT COUNTRY?
	Champeur Fu	VERAL HOME	MARYLA.	ND	1154
13.	Michael Albert Co	molly	Mary Malden NA	ingaret De	urley
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	9	DDRESS
(re:	s, no or unknown) (If yes, give wor or dotes of servi	216-03-440C	MRS, COLADUS	CONNOLLY -	SAME -
	1B. 1550	CAUSE C	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		10.	1	and al
	LEADING TO DEATH  (This does not mean the mode of dying,	e.g., DUE TO	( arcento	unlosed)	mos uppow
	heart failure, asthenio, etc. It meons the dise injury or complication which coused death.)		t primar	us (Liver)	M. M. Thron
	ANTECEDENT CAUSES	(B)DUE TO		p	
İ	DISEASES OR CONDITIONS, if ony, gir			/	
	rise to the obove couse (A) stating UNDERLYING CONDITION lost.	the (C)			
	П				
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	TING THE			100
CA		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE FIN	DINGS CONSIDERED
ERTIF	WAS PERFORMED		no	IN CERTIFYING CAUSE	S OF DEATH?
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or obout 21C. WHERE DID iffice bidg., INJURY OCCUR?	(If in Battimore C	ity, give exact location)
5	210. TIME (Month) (Ooy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
ME	(APPROX)	While At Not Whi			
	22. I certify that (I) (this hospital) attend	<u> </u>	12/4	1967 to -	12/4 1967.
	that ( (we) last saw the deceased alive	17/1	19/67 and 1	hat in (my) (lour) epinio	n death accurred an the date
	and haur and fram the couses stated abav				
	23A. SIGNATURE				B. DATE SIGNED //
	Seaw M. Mh	perce M.O. Att	ending Med. Director	Stoff Phys.	12/4/69
	23C. PHYSICIAN'S NAME (Type)		23 O. ADDRESS	0	
	TEAN M. THOR	M.D.	MERCY Has	PITAL - BOL	To mD.
24 A	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 240.	LOCATION (City,	town, or county) (Stote)
P	WRIEL 12/9/67		METERY B	ALTIMORE C	o, mD.
25/	A. DATE REC'D BY HEALTH DEFT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	P =	ADDRESS
	BEC 6 1967 Robert 2.	Tarkey MA	LEONARD J. 1	tuck INC 6305	HARTORD KD #14
Λ2	150-REV. 1/1/65				

1. 14 P. L. W. Ada Corres no ... Charle Hancon Hant MARYLAND a see the second market and all the 216-03-4400 Mas, Colonys Convolly - Some -Commenter of the Comment JEAN M. THORNE MERCY HOSPITAL - BALTO IND BURGERAL 12/9/47 FARMINGED GEMETORY BALTIMORE CE, 1172 HENDERS J. RICK INC OSES HANDERS OF HIT

VS 151-REV. 1/1/65

ALE CASE NO.  NAME OF DECEASED  PLACE OF DEATH IN BALTIMORE, MARYLAND  PLACE OF DEATH IN BALTIMORE, MARYLAND  A. USUAL RESIDENCE (Where deceased fived, the institution: residence before admiss a. STATE  B. COUNTY  FULL NAME OF HOSPITAL OR oddress or location)  NSTITUTION  BON SECOR HOSPITALOR  C. CITY OR YOWN (If outside city limits, write RURAL and give township)  Baltimore 21227  D. STREET ADDRESS (If rural, give location)  24 3 BRUASUACE  7. MARRIED, NEVER MARRIED  8. DATE OF BIRTH  19. AGE (In years   If Under 1 Yr. If Under 24)	C-636 671	1002	HEALTH DEPARTMENT	1/	67 11693
NAME OF DEATH WINDLINGSR MARITAD  AS COT DIATH WINDLINGSR MARITAD  FULL NAME OF Maritan		CERTIFICA	TE OF DEATH	Registered Na	- 1 - 11000
TACE OF DEATH MINIALIMORY, MARITAND  FILL IN AMAGE OF CONTROL OF C	1, NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
LUAL ESIDENCE (When deceased from the institutions where administration of the property of the	MORDERY FRANK	C	12-5	1-67	111:30 A
THE NAME OF THE PROPERTY OF THE PROPERTY OF THE NAME OF THE PROPERTY OF THE NAME OF THE NA	B. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Whe	re deceased tived, It in	stitution; residence before admis
HOSPITALOR  WISTITUTION  BELLED TO BOWN the destade cyt limits, while LURAL and gove branchip)  BELLED TO BOWN the destade cyt limits, while LURAL and gove branchip)  BELLED TO BOWN the destade Cyt limits, while LURAL and gove branchip)  BELLED TO BOWN the destade Cyt limits, while LURAL and gove branchip)  BELLED TO BOWN the destade Cyt limits, while LURAL and gove branchip)  BELLED TO BOWN the destade Cyt limits, while LURAL and gove branchip)  BELLED TO BOWN the destade Cyt limits, while LURAL and gove branchip)  BELLED TO BOWN the destade Cyt limits, while LURAL and gove branchip)  BELLED TO BOWN the destade Cyt limits, while LURAL and gove branchip)  BELLED TO BOWN the destade Cyt limits, while LURAL and gove branchip)  BELLED TO BOWN the destade Cyt limits, while LURAL and gove branchip)  BELLED TO BOWN the destade Cyt limits, while LURAL and gove branchip)  BELLED TO BOWN the destade Cyt limits, while LURAL and gove branchip)  BELLED TO BOWN the destade Cyt limits, while LURAL and gove branchip)  BELLED TO BOWN the destade Cyt limits, while LURAL and gove branchip)  BELLED TO BOWN the destade Cyt limits, while LURAL and gove branchip)  BELLED TO BOWN the destade Cyt limits, while LURAL and gove branchip)  BELLED TO BOWN the destade Cyt limits, while LURAL and gove branchip)  BELLED TO BOWN the LURAL CHAMBOO CONTRIBUTION (CAPPED)  BOWN the Government of the LURAL and gove branchip)  BELLED TO BOWN the destale of the destade Bows, (1) (We) (did) (did not) view the body after death.  BURNAL CHAMBOO CALLS BOWN the descased drive on the LURAL CHAMBOO CALLS BOWN the LURAL CHAMBOO CALLS BOWN the College of the LURAL CHAMBOO CALLS BOWN the Bown the descased Bows, (1) (We) (did) (did not) view the body after death.  BURNAL CHAMBOO CALLS BOWN the LURAL CHAMBOO CALLS BOWN the LURAL CHAMBOO CALLS BOWN the LURAL CHAMBOO CALLS BOWN the Bown the Bown the College of the College of the Bown the College of the College of the Bown the			A. STATE B. COUN		1
Baltimore 21227  33 CAUSE OF THE THE ADDRESS (If now, give location)  AUSUAL OCCUPATION (love kind of work) (DE KIND OF DISINESS ON INDUSTRY 1). BETHER CE (State on foreign country)  AUSUAL OCCUPATION (love kind of work) (DE KIND OF DISINESS ON INDUSTRY 1). BETHER CE (State on foreign country)  Balto City  States NAME  (E. MOTHERS MANIE NAME  (E. MOTHERS MANIEN NAME  (In MOTHERS MANIEN NAME  (	FULL NAME OF (If not in hospital or ins HOSPITAL OR oddress or location)	titution, give street	Maryzand	BULTIN	NORE CO.
D. STREET ADDRESS. (If rook, give location)  24 3 BRANSWICK Rd  3. ADAR FOR BIRTH  1. ADAR FOR BIRTH  1. ADAR FOR BIRTH  1. ADDRESS  1. ADDRESS  1. ADAR FOR BIRTH  1. ADDRESS  1	INSTITUTION	22-11 222			
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11.30 a.m. 12-4-67

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12-5-67 11.30 a.m.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	thows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be app	the body was released to 1	shows: (1) An accident of a	was D.O.A. at a hospital (	deceased prior to death);	written approval must be a	

SIRTH NO. 30		11 CUA			67 11694
	Q.A.	11694 CERTIFICA	ATE OF DEATH	Registered No.	Of LLOUT
M.E. CASE NO.  1. NAME OF DEC (Type or Print)	Frieda A.	Shade	Z. DATE AN	D HOUR OF DEATH	119.
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Whe		stitution: residence before admiss
FULL NAME O	F (If not in hospital a	ar institution, give street	Md.		
HOSPITAL OR	address or location			Baltimore 2	1214 2 7-0
00	3103 Louis	se Avenue		rural, give location) 3103 Louise	Avenue
. SEX		7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WILOW		9. AGE (In years last birthday) 83	If Under 1 Yr. If Under 24 Manths Days Haurs Mi
Female	White		1 - 1		
	working tife, even if retired)	TOB, KIND OF BUSINESS OR INDUST	Maryland	ign 'cauntry)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAA			14. MOTHERS MAIDEN NA		Distant.
	Henry Ko	oen		Marle	Dietzel
5. Was Deceased	Ever in U. S. Armed Fare		17. INFORMANT		ADDRESS
No	705, give war at alle	217-09-0763-	Mrs. William D	obson	(Same)
18.41.21	2./ 1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEAS	SE OR CONDITION DIR	ECTLY	Ca	•	ONSET AND DEATH
	LEADING TO DEATH	dving e.g.	enary insuff,	citacy	lyear
heart failure,	osthenio, etc. Il meons		1		
	application which caused	renary art.	ericscleres	15	
DISCA SES S	A CONDITIONS II				
rise to the	OR CONDITIONS, if a above cause (A)	any, giving			
rise to the		any, giving			
UNDERLYING	e obove couse (A)  CONDITION lost,  II  FICANT CONDITIONS C  EATH BUT NOT RELA	ony, giving stoting the (C) ONTRIBUTING JED TO THE			
rise to the	e obove couse (A)  CONDITION lost,  II  FICANT CONDITIONS C  EATH BUT NOT RELA  CONDITION CAUSING I	ony, giving stoting the (C) ONTRIBUTING JED TO THE		o) 208. IF YES, WERE	FINDINGS CONSIDERED
UNDERLYING	e obove couse (A)  CONDITION lost,  II  FICANT CONDITIONS C  EATH BUT NOT RELA  CONDITION CAUSING I	ONTRIBUTING JED TO THE T.  DITION FOR WHICH OPERATION			FINDINGS CONSIDERED
OTHER SIGNITO THE DISEASE OR 19A. DATE OF CONTROL DEATH (notify DEATH (n	e above couse (A) CONDITION lost,  II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I' OPERATION [198. CON)	ONTRIBUTING TED TO THE T.  DITION FOR WHICH OPERATION ORMED    218. PLACE OF INJURY (e.g.		208. IF YES, WERE	FINDINGS CONSIDERED
OTHER SIGNITO THE DIDISEASE OR 19A. DATE OF OR CONTRIBLE DEATH (natify 21D. TIME	e above couse (A) CONDITION lost.  II FICANT CONDITIONS CA EATH BUT NOT RELA CONDITION CAUSING I' OPERATION 198. CONI WAS PERF NT WAS UNDERLYING TING CAUSE OF	ONTRIBUTING TED TO THE T.  DITION FOR WHICH OPERATION ORMED  21 B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	20 A. AUTOPSY? (Yes ar No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OTHER SIGNITO THE DISTANCE OF THE PROPERTY OF	e above cause (A) G CONDITION last.  FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I  OPERATION 198. CON WAS PERF NT WAS UNDERLYING 1 JTING CAUSE OF medical examiner)	ONTRIBUTING TED TO THE T.  DITION FOR WHICH OPERATION ORMED  21 B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)  (Haud)  21 E. INJURY OCCURRED While At Nat W	20A. AUTOPSY? (Yes ar No ., in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OTHER SIGNITO THE DISEASE OR 19A. DATE OF 21A. A CCIDE! OR CONTRIBL DEATH (natify 1.0 TIME OF INJURY (APPROX.)	e above cause (A) G CONDITION last.	ONTRIBUTING TED TO THE T.  DITION FOR WHICH OPERATION ORMED  21 B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)  (Haur) 21 E. INJURY OCCURRED While At At Wa	20A. AUTOPSY? (Yes or No ., in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?  • City, give exact location)
OTHER SIGNITO THE DO DISEASE OR 19A. DATE OF 21A. A CCIDE! OR CONTRIBL DEATH (natify (APPROX.)	e above cause (A) G CONDITION last.  FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I  OPERATION 198. CON WAS PERF  NT WAS UNDERLYING 1  THOM (Day) (Year)  that (1) (this haspital)	ONTRIBUTING JED TO THE T.  ONTRIBUTING JED TO THE T.  DITION FOR WHICH OPERATION  ORMED  21 B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)  While At Nat Wark  At Wa	20 A. AUTOPSY? (Yes at No ., in at about 21 C. WHERE DID affice bldg., INJURY OCCUR?	O) 208. IF YES, WERE IN CERTIFYING CA  (If in Boltimare)  URY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  c City, give exact lacation)
OTHER SIGNITION TO THE DO DISEASE OR 19 A. DATE OF OR CONTRIBLE DEATH (natify (APPROX.)  22. I certify that (I) (we)	e above cause (A) CONDITION last.	ONTRIBUTING TED TO THE T.  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)  (Haur)  21E. INJURY OCCURRED While At Nat Wark At Wark  At Wark  d olive on	20A. AUTOPSY? (Yes ar No ., in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJ hile	O) 208. IF YES, WERE IN CERTIFYING CA  (If in Boltimare)  URY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  c City, give exact lacation)
OTHER SIGNITO THE DID INSEASE OR 19 A. DATE OF OR CONTRIBL DEATH (natify (APPROX.)  22. I certify that (I) (we)	e above cause (A) CONDITION last.  II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I' OPERATION 19B. CON WAS PERF NT WAS UNDERLYING T UNDERLYING (Manth) (Day) (Year)  that (I) (this haspital lost sow the decease of the couses stated)	ONTRIBUTING JED TO THE T.  ONTRIBUTING JED TO THE T.  DITION FOR WHICH OPERATION  ORMED  21 B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)  While At Nat Wark  At Wa	20A. AUTOPSY? (Yes ar No ., in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJ hile	O) 208. IF YES, WERE IN CERTIFYING CA  (If in Boltimare)  URY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)
OTHER SIGNITO THE DISEASE OR 19 A. DATE OF OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and	e above cause (A) CONDITION last.  II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I' OPERATION 19B. CON WAS PERF NT WAS UNDERLYING T UNDERLYING (Manth) (Day) (Year)  that (I) (this haspital lost sow the decease of the couses stated)	ONTRIBUTING TED TO THE T.  DITION FOR WHICH OPERATION ORMED  21 B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)  While At Nat Wark  At Wark  at obove. (I) (Wa) (did) (did part)	20A. AUTOPSY? (Yes ar No office bldg., INJURY OCCUR?  21F. HOW DID INJ hile 19 00 ond th	O) 208. IF YES, WERE IN CERTIFYING CA  (If in Boltimare)  URY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  City, give exact lacation)
OTHER SIGNITO THE DISEASE OR 19 A. DATE OF OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and	e above cause (A) CONDITION last.  II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I' OPERATION 198. CON WAS PERF NT WAS UNDERLYING DITING CAUSE OF medical examiner)  (Manth) (Day) (Year)  that (I) (this has pital lost sow the decease I from the causes state  IRE	ONTRIBUTING TED TO THE T.  DITION FOR WHICH OPERATION ORMED  21 B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)  While At Nat Wark  At Wark  at obove. (I) (Wa) (did) (did part)	20 A. AUTOPSY? (Yes at No affice bldg., INJURY OCCUR?  21 F. HOW DID INJ hile 19 67 ond the view the body ofter death.  Attending Med. Director 123 D. ADDRESS	20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimare)  URY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)  19 6
OTHER SIGNITO THE DISEASE OR 19A. DATE OF OR CONTRIBL DEATH (notify (APPROX.)  21. Certify that (I) (we) and hour and 23A. SIGNATU  23. PHYSICIA NAME (T	e above cause (A) CONDITION last.  II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I' OPERATION 198. CON WAS PERF NT WAS UNDERLYING JTING CAUSE OF medical examiner)  (Manth) (Day) (Year)  that (I) (this has pital lost sow the decease I from the causes stat  IRE	ONTRIBUTING ITED TO THE T.  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)  While At Nat Wark  At	20A. AUTOPSY? (Yes ar No affice bldg., INJURY OCCUR?  21F. HOW DID INJ hile 19 67 ond th rview the body after death.  Attending Med. hys. Director 123D. ADDRESS	208. IF YES, WERE IN CERTIFYING CA  (If in Boltimare)  URY OCCUR?  19 1 to December 19 1 to	FINDINGS CONSIDERED USES OF DEATH?  City, give exact lacation)  19 6'  nion death occurred on the
NOTHER SIGNITO THE DISEASE OR OTHER SIGNITO THE DISEASE OR 19.A. DATE OF OR CONTRIBL DEATH (natify (APPROX.)  22. I certify that (I) (we) and hour one 23.A. SIGNATU	e above cause (A) CONDITION last.  II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I' OPERATION 198. CON WAS PERF NT WAS UNDERLYING JTING CAUSE OF medical examiner)  (Manth) (Day) (Year)  that (I) (this has pital lost sow the decease d from the causes stat  RE  CN'S ype) R D an a	ONTRIBUTING JED TO THE T.  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)  While At Nat Wark  Ottended the deceosed from dolive on Action  Ted obove. (I) (Na) (did) (did period)  A.D. A.D. A.D. A.D. A.D. A.D. A.D. A.D	20A. AUTOPSY? (Yes ar No affice bldg., INJURY OCCUR?  21F. HOW DID INJ hile 19 00 ond th rview the body after death.  Attending Med. hys.  23D. ADDRESS D. CREMATORY 24D. L	208. IF YES, WERE IN CERTIFYING CA  (If in Boltimare)  URY OCCUR?  19 17 to Deliver to in (my) ( ) opi  Stoff Phys.   CATION (C)	FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)  19 6  nion deoth occurred on the  238. DATE SIGNED  # - 5 - 6 7
NOTHER SIGNITO THE DO DISEASE OR 19A. DATE OF 21A. A CCIDE OR CONTRIBL DEATH (notify 22. I certify that (I) (we) and hour ond 23A. SIGNATU 23C. PHYSICIA NAME (I) BURIAL CRE REMOVAL (I) BURIAL CRE REMOVAL (I)	Department of the course of th	ONTRIBUTING JED TO THE  J.  DITION FOR WHICH OPERATION  CORMED  21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)  While At At Wa  At Wark  At	20 A. AUTOPSY? (Yes ar No affice bldg., In ar about affice bldg., INJURY OCCUR?  21 F. HOW DID INJury ond the last of the last	OCATION (CE)  208. IF YES, WERE IN CERTIFYING CA  (If in Boltimare)  (	FINDINGS CONSIDERED USES OF DEATH?  City, give exact lacation)  19 6  nion death occurred on the  238. DATE SIGNED  19 6  19 7 7 6  19 8  19 8  19 8  19 8  19 8  19 8  19 8  19 8  19 8  19 8  19 8  19 8  19 8  19 8  19 8  10 9
OTHER SIGNITO THE DISEASE OR 19A. DATE OF 21A. A CCIDE OR CONTRIBL DEATH (naify LAPROX.)  22. I certify that (I) (we) and hour one 23A. SIGNATU  23C. PHYSICIA NAME (I)  4A. BURIAL CRE REMOVAL (I)  BURIAL	e above cause (A) CONDITION last.  II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I' OPERATION 198. CON WAS PERF NT WAS UNDERLYING JTING CAUSE OF medical examiner)  (Manth) (Day) (Year)  that (I) (this has pital lost sow the decease d from the causes stat  RE  CN'S ype) R D an a	ONTRIBUTING JED TO THE T.  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)  While At Nat Wark  Ottended the deceosed from dolive on Action  Ted obove. (I) (Na) (did) (did period)  A.D. A.D. A.D. A.D. A.D. A.D. A.D. A.D	20 A. AUTOPSY? (Yes ar No affice bldg., in ar about affice bldg., in Jury Occur?  21 F. HOW DID INJ hile 19 6 9 ond the view the body ofter death.  Attending Med. Director 123 D. ADDRESS D. 60 77 6 as 124 D. L.  25 C. FUNERAL DIRECTOR	OCATION  208. IF YES, WERE IN CERTIFYING CA  (If in Boltimare)  (If in	FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)  19 6  nion deoth occurred on the  238. DATE SIGNED  # - 5 - 6 7

All would be

Waste miles

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## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	Y HEALTH DEPARTMENT 67 11695
BIRTH NO. 67 11695 CERTIFICA	TE OF DEATH Registered No.
1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) ORISON G. CHAPMAN	12/5/67 18 40 PON
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	MARYLAND
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (It outside city limits, write RURAL and give township)
4	D. STREET ADDRESS (If rurol, give togotion)
UNION MEMORIAL HOSPITA	2430 GREEN MOUNT AVE.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  A H P R 15 M	B. DATE OF BIRTH  9. AGE (In years lost birthday)  12 / 23 / 23 / 23 / 23 / 25   16 Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
don during most of working life, even if retired)  RET_BORTENDER	KENTUCKY USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LEADEN CHAPMAN	CORA SCOTT
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL     16. SOCIAL   SECURITY NO.	17. INFORMANT ZETTIE SAME AS
NO 403-03-2496	MRS. CHAPMAN DECEASED
420,1	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	T. Ila & New Syro
(This daes not mean the made of dying, e.g., DUE TO	mes Aug - free
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	1-1 · H
ANTECEDENT CAUSES	in insufficiency 10 years
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	ACV (ALL)
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	V
DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)] 20B. IF YES, WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. Date of Operation 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 2TA. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, c	in ar about 21C. WHERE DID (If in Baltimare City, give exact location) office bldg., NJURY OCCUR?
DEATH (notify medical examiner) etc.)	
21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY  While At Nat Whi	21F. HOW DID INJURY OCCUR?
(APPROX) While At Wark Nat Wark	
22. 1 certify that (1) (this haspital Dattended the deceased from)	ecember 2 1967 10 December 5 1967
that (1) (we) last sow the deceased alive on Accember	19 6 7 and that in (my) (our) opinion death occurred on the dat
ond hour and from the couses stated above. (1) (We) (did) (did not)	view the body ofter death.
23A. SIGNATURE	23 B. DATE SIGNED
Enight Cifram M.D. At	ys. Director Phys. D
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
EMPRICIE COPRIANT MOST PRIANT M.D.	THE CONTON/MEMORIAL HOSPITAL!
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CI	REMATORY 24D. LOCATION (City, town, or county) (State)
BURIOL 12/9/67 MOUNTAIN YEW/	MEM, GDNS HUDDY, KENTUCKY
DEC 6 1967 P.O. & S. AME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
VS 150-REV. 1/1/65	LEONARD J. KUCK INC 3305 HARBORD KU #1

for Engineeric Joseph L.

Competer Hard John

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THE ULTO LEDGING MOSPITAL

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	G-320		HEALTH DEPARTMENT		67 11696	
	18TH NO. 67 116	696 CERTIFICA	TE OF DEATH	Registered No	07. 11000	
1	M.E. CASE NO.  NAME OF DECEASED VINCENZINA  Type or Print	Yattus		HOUR OF DEATH	1/25	-J
3	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	e decrased lived. Il inst	itution: residence before adr	nission)
	FULL NAME OF (II not in hospital or institution and institution and in hospital or institution and in hospital or institution and institution	on, give street	C. CITY OR JOWN (III	geno	JRAL and give township)	
	Johns Hopkin	Hospital	Balt	moed	6 Total give township)	Z
	033	' // -	2638-11	rurol, give location)	erry St	
5		ED, NEVER MARRIED WED, DIVORCED (specify)	9/24/93	9. AGE (In years lost birth y)	If Up 1 Yr. II Under Months Doys Hours	24 Hrs. <sup>9</sup> Min.
	OA. USUAL OCCUPATION Give kind of work 10B, KIND lone during most of working lile, even if retired)  Housewife	OF BUSINESS OR INDUSTRY	BIRTHPLACE (Stole or lore I taly	ign country)	12. CITIZEN OF WHAT COUNTRY?	
1	3. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME		7
	Joseph de Vir	agani		Carmelia Tav		1-
	5./Ws. Deceosed Ever in U. S. Armed Forces? Vesno or unknown (II yes, give wor or dotes al service NO	6. SOCIAL SECURITY NO.	Mrs. Antoinett	e Sanzone	(Same)	
	1B. 44.20.1	CAUSE OF	DEATH	4	INTERVAL BETWEE	
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(A) Me	xo Cardial	infarctu	n 45 hou	rs
	(This does not meen the mode of dying, e heart failure, astheria, etc. It means the disea injury or complication which coused death,)		Cerebro vas	infarche	Exdent	
	ANTECEDENT CAUSES	(B)		******************************		
	ANTECEDENT CAUSES  (B) DUE TO  DISEASES OR CONDITIONS, if ony, giving tise to the above couse (A) stoling the (C)					
	UNDERLYING CONDITION lost.	(C)				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE				
		PR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?	
	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, lorm, foctory, street, off etc.)	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)	
1 1	₩ OF INJURY	21 E. INJURY OCCURRED  While At Work  Not While At Work	21F. HOW DID INJ	URY OCCUR?		
	22. I certify that (1) (this hospital) attende		12/3	196710	12/4 196	1.
	that (1) (we) last sow the deceased alive a	12/4	19 67 ond th	ot in(my) (our) opini	on death occurred on th	he dote
	ond hour ond from the couses stated above	(I) (We) (did) (did not) vi	iew the body ofter death.		23B, DATE SIGNED /	
	G. Michel 7/1	M. R.O. Atter	Med. Director	Stoll Phys.	19/1/15	7
	23C.PHYSICIAN'S NAME (Type)	1000-	3D. ADDRESS	11 1	12/4/01	
2	4A. BURIAL CREMATION, 24B. DATE 24C	ENT M.D.	JOHNS	Hopkins City	Hospital, town, or county)	Stote)
	REMOVAL (Specily)	Holy Redeemer C		Baltimor	The state of the s	2.016/
2	SA. DATE REC'D BY HEALTH DEPT. 258. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	
VS 150-REV. 1/1/65  Leonard J. Ruck, Inc. Balto. Md. 21214					co.ma. zzzz4	

John Hopkens Hospital Baltmara Fonese White Wednes nuplaDeMisqui Licentes acresifica-W

THE TAX THE STREET WAS ASSESSED.

M.E. CASE NO 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED MARYLAND 2/229

C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE
D. STREET ADDRESS (If rurol, give IN. BERNICE If Under 1 Yr. If Und 9. AGE (In years If Under 24 Hrs. Months Doys 12. CITIZEN OF WHAT COUNTRY? NORTH CAROLINA
14. MOTHER'S MAIDEN NAME MINNIE PROCT INTERVAL BETWEEN ONSET AND DEATH Renal Failure (B) Generalized CARCINOITATOSIS 10) OVARIAN CARCINOMA -20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21 F. HOW DID INJURY OCCUR? and that in(my) (aur) apinian death accurred an the date and hour and fram the causes stated above. (1) (We) (did) (did nat) view the body after death. 23B. DATE SIGNED 23G-PHYSIGIAN'S
NAME (Type)
BENTAMIN

24A. BURIAL CREMATION, 24B. DATE
REMOVAL (Specify) 1258. NAME OF REGISTRAR VS 150-REV. 1/1/65

E O

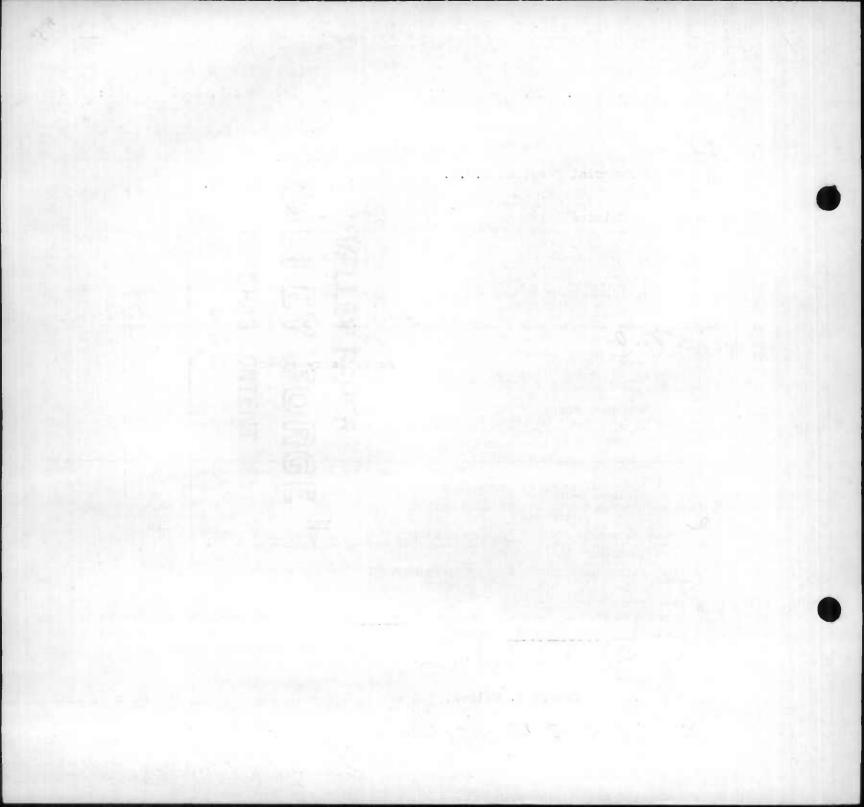
BALTIMORE CITY HEALTH DEPARTMENT

Registered Na.



## 67 11698 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11698

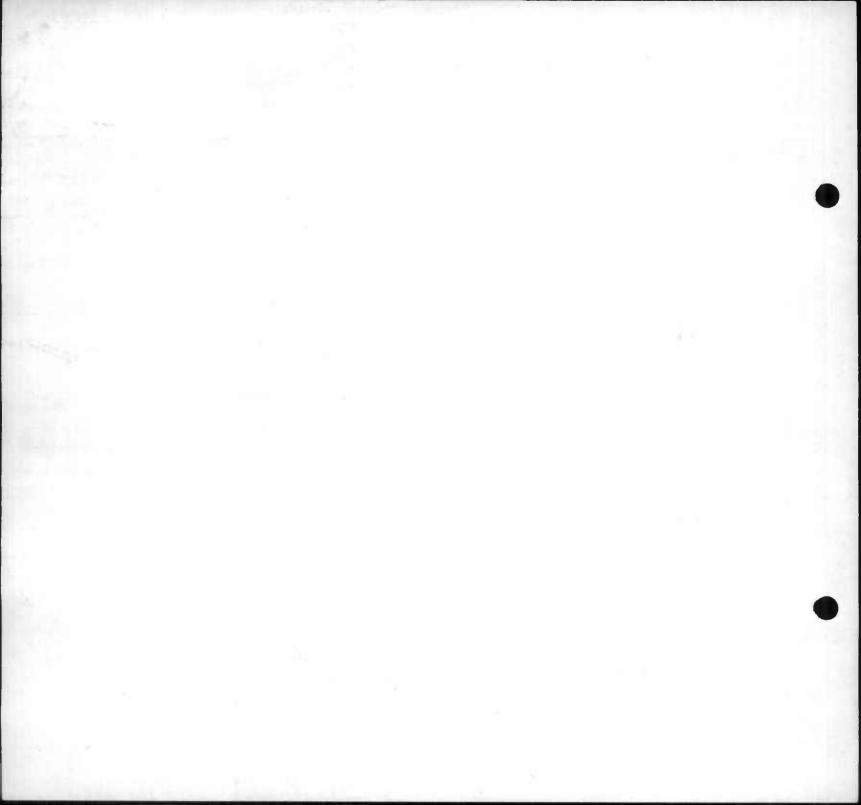
M.E. CASE NO.				0. 02, 1111	
I. NAME OF DECEASED		/	2. D	ATE AND HOUR PRONOUNC	ED DEAD
(Type or Print)	TATE LE INIC	TEV STE			
3. PLACE IN BALTIMORE	OHN W. HAI	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE	ecember 2, 1967	13:30 a M.
					titution: residence befare admission) UNTY
FULL NAME OF (IF !	NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	c. CITY OF TOWN	nd If autside carparate limits, writ	e RURAL and give township)
HOSPITAL OR ADI	DRESS OR LOCATI	ON)		, colored corporate minus, min	11-15
44			Baltim	(If rurol, give location)	15-12
Ilnion Mem	orial Hos	pital D.O.A.	D. STREET ADDRESS	(If rural, give lacation)	
99	02202 1100	P1001 2:0 \$11	2314 Dru	id Park Dr.	
5, SEX 6. RACE		MARRIED, NEVER MARRIED VIDOWED, DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months   Doys   Hours   Min.
Male Co	lored	Manage	3-8-19	// 56	3,5
		OB KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Stote		12. CITIZEN OF
done during most of working lit		•	n. at	11.11.	WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDE	) Carpino	4
3. FATHER'S NAME	0	6/- 02.	14. MOTHER'S MAIDE	N NAME	
SE SE	hu 1	facily	Men	me?	0
15. WAS DECEASED EVER	N U.S. ARMED	of service) SECURITY NO.	17. INFORMANT	1/1	ADDRESS
103,110 01 01111111111111111111111111111	give war ar dates	9110 0792	ma Marie	10/ 1/200	10-000
1B. ( )		24 x 2 1 = 3 d.	To practice	/ racecy	I INTERVAL BETWEEN
5-10	1	CAUS	E OF DEATH	//	ONSET AND DEATH
DISEASE OR C	ONDITION DIRE				
	NG TO DEATH	(A) A	Acute fatty 1	iver	
(This does not mean heart failure, asthenia	the mode of a	dying, e.g., DUE TO			
injury as complication	which caused de	oth.)			
ANTECH	DENT - CAUSES				
DISEASES OR COM		Y, GIVING (B).  DUE TO			>>>===================================
RISE TO THE ABOV	E CAUSE (A) STA				
UNDERLYING COM	DITION LAST.	(C)			
<u>ō</u>	11				
OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19A, DATE OF OPERAT	CONDITIONS C	ONTRIBUTING			
TO THE DEATH	BUT NOT RELA	TED TO THE			
DISEASE OR COND		ITION FOR WHICH OPERATION	204 AUTOPSY? (Yes	or No. 208. IF YES, WERE FI	INDINGS CONSIDERED
5 N	WAS PERFO			IN CERTIFYING CAU	ISES OF DEATH?
, DC	E VALA S	lore by a se se thillips /	YES	5 DID /// . B // .	YES
UNDERLYING OR CO	NTRIB-	hame, form, factory, street,	office bldg., INJURY OC	E DID (If in Baltimare City, g	ave exact lacation)
UTING CAUSE OF D	EATH.	etc.)			
Z 21D TIME (Month)	(Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. HOW [	DID INJURY OCCUR?	
OF INJURY (APPROX.)		WHILE AT NOT	WHILE		
		m. WORK AT V	WORK		
22.	I held on Inc	uiry Inspection Au	utopsy X and the	ot on this bosis, death in	my opinion
resulted from	resulted from: Notural couses X Accident Suicide Homicide Undetermined manner				
1	ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED				
ACTUAL	12 -13 1	- WI &	ASSISTANT MEDIC	CAL EXAMINER X	DATE SIGNED
SIGNATURE		M. I	ASSOCIATE MEDI		
EXAMINER'S NAME (Type)	Educa	d E Wilcon	ASSOCIATE MEDIC		1067
23A, BURIAL CREMATION	Edwar 238 DATE	d F. Wilson, 23C. NAME of CEMETERY	O' CREMATORY		ecember 2, 1967
REMOVAL (Specify)		1 - 11	)	1000	( mell
12,10,0	12-8	187 111+ CAO.	URININ	HH.Co.	· TINNO
24A. DATE REC'D BY HEA	LTH DEPT	248, NAME OF REGISTRAR	24C FUHERAL D	IRECTOR 1	ADDRESS
DEC 0	196/	obut E. Falley	(N.11 -	L 100 0	1.2 :00 -15.
	4	and an amount	Mulle	We of Still	if0 1727n Mad
VS 151-REV. 1/1/65				To Joy II	1 11 1111111111111111111111111111111111



was D.O.A. at a hospital (except where the physician wha pronaunced death was in regular attendance on the deceased prior ta death); and (6) Na physician was in regular attendance an the deceased priar to death. Such written approval must be abtained before the remains are embalmed ar final dispositian is made. the body was released to the hospital by a medical examiner. Alsa, if the direct ar cantributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

	BALTIMORE CITY	HEALTH DEPARTMENT	67 11699
ш	IRTH NO. 67 11699 CERTIFICA	TE OF DEATH Registered No.	01 11000
117	A.E. CASE NO NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	Type or Print) LESTER KENNEDY	11/23/67	5:15 r.m - M.
	. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If inst A. STATE B. COUNTY	itution: residence before odmission)
	FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TOWN III outside city limits, write RU	RAL ond giry toy ship)
	Sinai Hospital of Baltimore	Baltimo Kt D. STREET ADDRESS (If rurol, give locotion) 1235 Wall St. #	30
	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Caucasian Marnied  Marnied	B. DATE OF BIRTH  12-2-04  9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) Minnesota	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
1	18. 1 99.2 4 158 1 CAUSE O	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11 holder Advancement	41/2 mo, 's.
	heart failure, asthenia, etc. It means the disease,	1 tustatic Adenocarcinova	
	injury or complication which caused death.)  ANTECEDENT CAUSES (8)	nknown Ykimany adenoca	when ? months
	DISEASES OR CONDITIONS, if ony, giving		
	rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	alcoholism ; cinkhosis	
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes) or No.) 20 B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in order of the contribution	in or obout 21C, WHERE DID (If in Baltimore sffice bldg., INJURY OCCUR?	City, give exoct locotion)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work		
	22. 1 certify that (1) (this hospital) attended the deceased from	11-9 19 67 10 11-	23 19 67.
	that (I) (we) lost sow the deceased alive on 11-2-3		
	ond hour and from the couses stated above. (1) (We) (did) (did not)		DATE CICNED
	23A. SIGNATURE & L. Las M.D. AH	lending Med. Stoff ys. Director Phys.	11-23-67
	23C. PHYSICIAN'S	23D. ADDRESS	11 -5 -5/
	NAME (Type)  MARTIN S. Liberman M.D.  24A. BURIAL CREMATION,  24B. DATE   24C. NAME of CEMETERY OF CR	Sinal Mospital of	Battimore (Store)
	REMOVAL (Specify) ///30/67	Heliacocath Mile	ICAL SCHOOL
	25A. DATE RECOUNT HEALTH DEPT- 25B. NAME OF REGISTRAL	MURTUARY SERVICE	B CHI



## FUNERAL DIRECTOR: IMPORTANT

BIRTH NO. 67-23/012 67 11700 CERTIFICATE OF DEATH Registered Na. rect or contributing cause of death (4) Undetermined cause; (5) Deceased, was in regular attentions. Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type at Print) death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND BALTIMORE (If not in hospital or institution, give street FULL NAME OF address or lacation) (If outside city limits, write RURAL and give www.sh INSTITUTION prior D. STREET ADDRESS is made. B. DATE OF BIRTH 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths! Doys Haus Min. deceased WIDOWED, DIVORCED (specify) lost birthday VOV. 23 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF disposition done during most of working life, even if retired) WHAT COUNTRY? BALTIMORE MERICAN the 13. FATHER'S NAME death On 15. Was Deceased Ever in U. S. Armed Faices? (Yes,no or unknown) (If yes, give war or dotes of service) kind; 6. SOCIAL final SECURITY NO attendance ce0 11/10 A fracture of any pronounced 0 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Hyaline Members Asiane embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, the chief medical examiner regular injury or complication which coused death.) who ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the = where the physician UNDERLYING CONDITION last, before the remains burns; (6) No physician was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. any nature; (2) Body 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED unticoble 218. PLACE OF INJURY (e.g., in or obout 1 C. WHERE DID home, form, foctory, street, office bldg, INJURY OCCUR? the body was released to the hospital by shows: (1) An accident of any nature; (2) B 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF not applicable (Month) (Doy) (Yeor) ( MEDIC/ obtained 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR 21D. TIME OF INJURY approved Not While (except While At (APPROX.) and Work 1967 22. I certify that (1) (this hospital) attended the deceased from NW123 19 67 and that in(my) (our) apinian death accurred an the date that (I) (we) last saw the deceased alive an..... pe hospital death) pe must and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23B, DATE SIGNED 23A. SIGNATURE 11-26-67 Attending Phys. Med. prior to Director approval Ū 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS t a D.O.A. 24C, NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B, DATE deceased REMOVAL (Specily) written ADDRESS 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV, 1/1/65

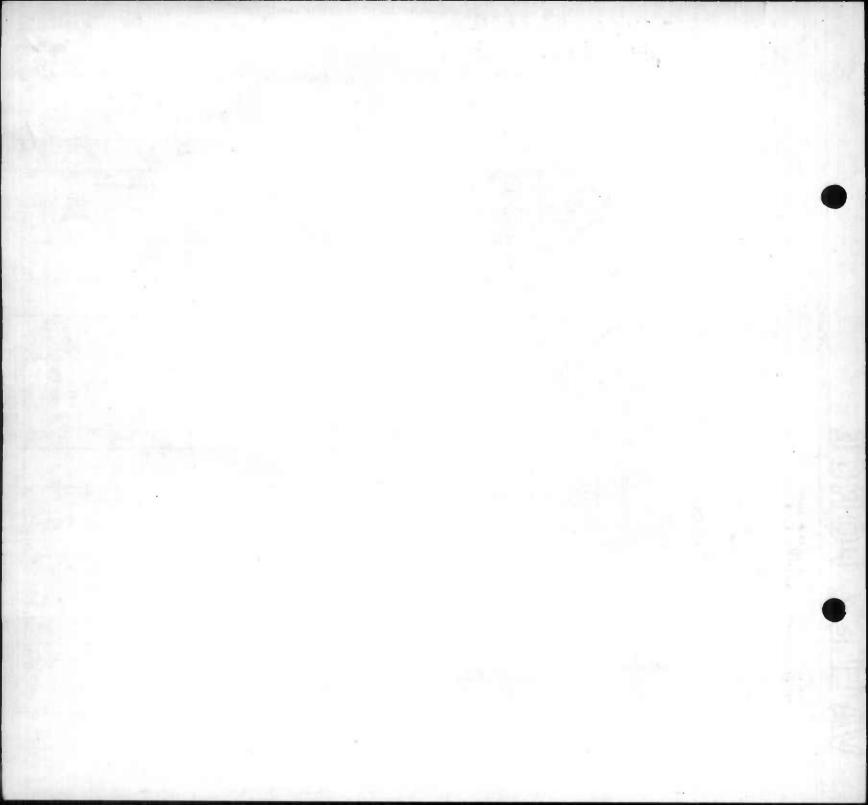
BALTIMORE CITY HEALTH DEPARTMENT



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

67 1	A DOM BALTIMORE CITY	HEALTH DEPARTMENT		67 11701 🕶
	1701 CERTIFICA	TE OF DEATH	Registered Na.	0/ 11/01
N.E. CASE NO.	1	2. DATE AND	HOUR OF DEATH	
Type or Print) B.G. William	5 (A)	11//	3/67	1045 P.N
PLACE OF DEATH IN BALTIMORE, MARYLAN	W )	4. USUAL RESIDENCE (Where A. STATE 8. COUNT	deceased lived. If in	nstitution: residence before admission
FULL NAME OF (If not in hospital or ins	titution, give street	md-		
HOSPITAL OR address or location)	1 /	C. CITY OR TOWN (If outs	ide city limits, write	RURAL and give (Swinship)
20 University	Nosp	Ba 170-		14-01
3 8 0000			iral, give location)	02 -
90		860 W.	fayelle	24
	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)		AGE (In years	If Under 1 Yr. If Under 24 Hrs Manths: Days Haurs Min.
+ N		11/18/67		12
DA. USUAL OCCUPATION (Give kind of work 10B. It gave during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n cauntry)	12. CITIZEN OF WHAT COUNTRY?
and doming man or working me, over mineral		75/10.		
B. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
F-March - FT	26	MARGARIA	1 11/.1.	112
Was Deceased/Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	W1//	ADDRESS
es, na ar unkna will (If yes, give war ar dates of s	SECURITY NO.			w w 11 6 0 0
18. 776 XI	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTL LEADING TO DEATH	Y	Grand Truity		
(This does not mean the made at dying	q, e.q., DUE TO	minumuny	e	00 m m 0 0 w m 4 w m m m m m m 0 0 m 0 0 0 0 0 0 0 0 0 0
heart failure, asthenia, etc. It means the d	lisease,			
ANTECEDENT CAUSES	101	V		
	DUE TO			
DISEASES OR CONDITIONS, if any, rise to the abave cause (A) statis		20000000000000000000000000000000000000		
UNDERLYING CONDITION last.				
, II				
OTHER SIGNIFICANT CONDITIONS CONTR				115-3100
DISEASE OR CONDITION CAUSING II.	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	20B. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		No	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID	(If in Baltiman	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, farm, factory, street, a	ffice bldg., INJURY OCCUR?		
21D. TIME (Manth) (Day) (Year) (Ha	ur) 21E. INJURY OCCURRED	21F, HOW DID INJU	RY OCCUP?	
OF INJURY	While At Nat While		N. OGOVA	
(APPROX)	Wark At Wark			/,
22. I certify that (I) (this haspital) atte	ended the deceased from	11/18 15	6/to	19 6
that (1) (we) last saw the deceased ali	ve on	8 19 6 7 and tha	t In (my) (our) op	inlan death accurred an the da
and hour and fram the causes stated al	bave. (Dive) (did) (did mot)			
23A. SIGNATURE	24:			238. DATE SIGNED
Att mons	toff hy s.	11/18/17		
23C.PHYSICIAN'S	Phy Phy	s. Director F	113/20	7 20 07
NAME (Type)	M.D.			D OF 88 4 D 3/8 4 N
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CR	FAMATORY ANATO	CATION	OF MARYLAN
REMOVAL (Specify)	240. NAME OF CEMETERS OF CR	LIVIAIURI	CAHON	city, town, or county) (State)
11/28/6/		UNIVER	SITY ME	DICAL SCHUUL
SA. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
DES 7 1967 (R.	Poul E TarberMA	HOS	SPITAL D	ISPOSAL
VS 150-REV. 1/1/65				



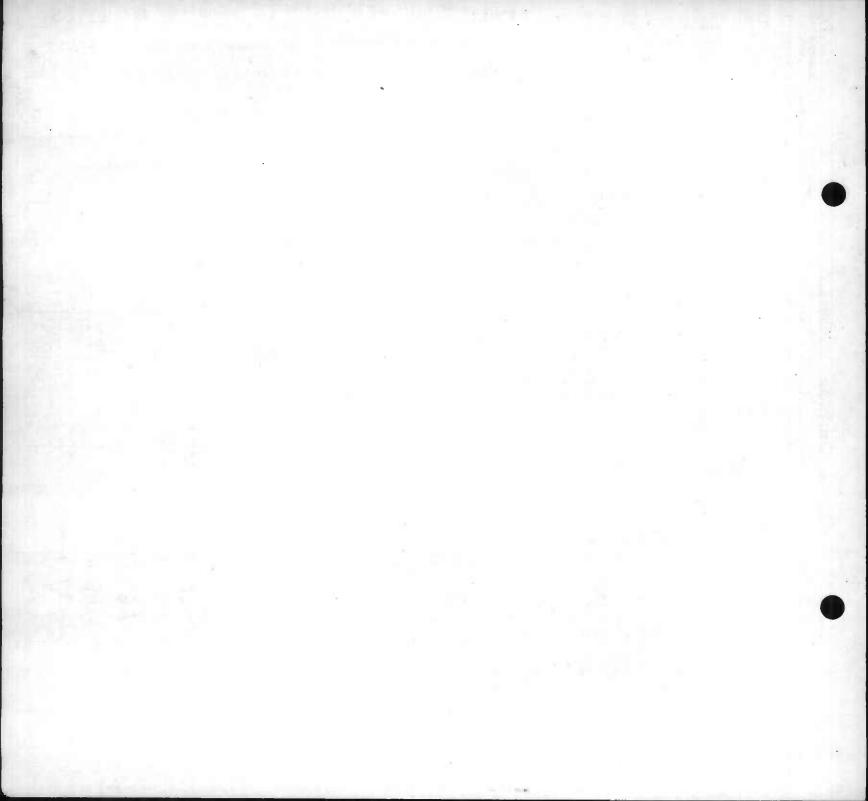
	17 22 000 67 1	BALTIMORE CITY	HEALTH DEPARTMENT		67 11702 V
BIRT	H NO.6/20099	CERTIFICA	TE OF DEATH	Registered Na	
M.E	CASE NO.  AME OF DECEASED		DATE AND	D HOUR OF DEATH	
	e of Print) BARY BOY (1)	ILLI AMS T	B 11-19-1		m   M.
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND			e deceased lived. If inst	itution: residence befare admission)
H	ULL NAME OF (If not in hospital ar institut IOSPITAL OR address of location) NSTITUTION	ian, give street			JRAL and give township)
1 1	1 15 - 1 0 - 20 0 20	1 1	D. STREET ADDRESS (III		10-01
39	LIVIUERS ITY OF MARY	CHION NOSPITAL		aye tocation)  AYETTE	ST.
5. S		RIED, NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	·	OWED, DIVORCED (specify)	11-18-67	ast birthdoy)	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN) during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
Q GITE	adding most of working me, even in teneer,		MARYLAW	UP	u.s.
	FATHER'S NAME		14. MOTHER'S MAIDEN NAA		
E	EMORY LEFTU	ICH	MARGARE	T WILL	Ams
15. V (Yes	Vos Deceased Ever in U. S. Armed Forces? ,na ar unknawn)(Iff yes, give war ar dates af serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
-	No		HOSPITAL	CHAR	T
	18. 773.51	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	RES	CONTRAL F	ALLURE	
	(This does not meon the mode of dying,	e.g., DUE TO	PIRATORY F	Mure	
	heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	ose,	0 0 - 0 -	.,	
	ANTECEDENT CAUSES	(B) UK	EMATURIT	<u>Y</u>	
	DISEASES OR CONDITIONS, if ony, gi				THE
	rise to the obove couse (A) stoting UNDERLYING CONDITION lost,	the (C)	v0.00000000000000000000000000000000000	800 V8 AAAA 8 8000 AA 8000 8000 8000 AA 8000 800	
	II II				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO				
CA	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes ar No)	20B. IF YES, WERE FIL	NDINGS CONSIDERED
CERTIFIC	WAS PERFORMED		No	IN CERTIFYING CAU	SES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.)	n or about 21 C. WHERE DID ince bidg., INJURY OCCUR?	(If in Baltimare	City, give exoct lacahan)
ā	21D. TIME (Manth) (Day) (Year) (Haur) OF INJURY	21E, INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
2	(APPROX.)	While At Not White At Work	e		
	22. I certify that (I) (this haspital) attend	ed the deceased fram	11-18	9.67 ta /	1-19 19 67.
	that (I)(we) last saw the deceased alive	an 11-19	19 67 and the	ot in (my) ((aur) apinl	an death accurred an the date
	and haur and fram the causes stated abav	e. (1) (We) (did) (did nat) v	iew the bady after death.		
	23A_SIGNATURE			4	23 B. DATE SIGNED
1	Joenem Bock	M.D. Atte	mding Med. Director	Staff Phys.	11-19-61
	23C. PHYSICIAN'S NAME ()ype)		23D. ADDRESS		
	·	M.D.	ANATON	CERCA AL	OF MARYLAND
24A	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CRE	MATORY 1 240. LC	CATION (City	, fawn, ar county) (State)
	11/28/67		UNIVERS	SITY MEDI	CAL SCHOOL
25A		ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	NEC 7 1967 R.C.	ub E, FarkyMA	HOST	PITAL DIST	POSAL
VS	150-REV. 1/1/65	42 2 - 10 11 11			

The state of the second second second 5 (a) 588 (b) con 9 (c) 5 Account Act of the control of the co 7.01469 e members de

## FUNERAL DIRECTOR: IMPORTANT add by the chief medical examiner or his assistant if dea

CERTIFICATE OF DEATH Registered No. Such the and cause of death (4) Undetermined cause; (5) Deceased M.E. CASE NO. I, NAME OF DECEASED 2, DATE, AND HOUR OF DEATH (Type or Print) O a hospital USUAL RESIDENCE (Where deceosed lived. If institution; residence death. 3. PLACE OF DEATH IN attendance A. STATE B. COUNTY BAHO CA FULL NAME OF HOSPITAL OR (If not in hospital or instilution, give street FURAL ond give address or location) CITY (1) tewn ship INSTITUTION 2 nor of Md. Hosp. prior contributing D. STREET ADDRESS (If rural, give location) occurred in regular is made 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) Hours lost birthdoy Never marries 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF death disposition WHAT COUNTRY? done during most of working life, even if retired) direct or Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the eath On kind; 15. Was Deceased Ever/in U. S. Armed Forces 6. SOCIAL ADDRESS final (Yes, no or unknown) (If yes, give war for dates of service) SECURITY NO. attendance Ō any pronounced 0 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, examiner. regular injury or camplication which caused death.) ANTECEDENT CAUSES who DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician obtained before the remains UNDERLYING CONDITION last. medical No physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? by (2) where 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF to the hospital MEDICAL DEATH (notify medical examiner) etc.) any nature; 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 his certificate must be approved (except While At Not While (APPROX.) At Work and 22. I certify that (1) (this hospital) attended the deceased from 1:10 p-M. that (I) (we) last saw the deceased alive on .19. and that in(my) (our) apinion death accurred on the date written approval must be of death) hospital the body was released and haur and from the causes stated above. (1) (We (did) (did nat) view the bady after death. shows: (1) An accident 23A. SIGNATURE 238. DATE SIGNED Attending Med. Stoff M.D. 0 Phys. Director Phys. 0 3C PHYSICIAN'S 23D. ADDRESS eceased prior to NAME (Type M.D D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH BERT Was 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS T VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR: IMPORTANT	TANT	5-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and (N the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such Oxyritten approval must be obtained before the remains are embalmed or final disposition is made.	istant if death occurred in a ho he direct or contributing cause kind; (4) Undetermined cause; (5 death was in regular attendar ce on the deceased prior to d nal disposition is made.	spital and (No of death (S) Deceased (C) nee on the Court, Such (C)

05	BALTIMORE CIT	Y HEALTH DEPARTMENT		OP LAWGA
BIRTH NO. 67-26510 08	11704 CERTIFICA	ATE OF DEATH	Registered No	67 11704
M.E. CASE NO.  1, NAME OF DECEASED (Type or Print)  1, NAME OF DECEASED			NO HOUR OF DEATH	2
3. PLACE OF DEATH IN BALTIMORE MARYL	SCOTT	12	12/67	10:20 PM
S. PLACE OF DEATH IN BALLIMORE MARIE	AND	A. STATE B. COUN	re deceased lived. If ins	stitution: residence before odmission)
FULL NAME OF (If not in hospital ari HOSPITAL OR address or location)	nstitution, give street	C. CITY OR TOWN (If ou	A-14	URAL ond give to whiship)
INSTITUTION		Richard	10 )	OKAL ond give flownship)
HOLUTHERAN 1	105PITAL	D. STREET ADDRESS (III	rural, give location)	100
	1-0/1/11-	124 Ful	NA 1	enue
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10	B. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
done during most of working life, even il retired)				WHAT COUNTRY?
13. FATHER'S NAME	141	14. MOTHER'S MAIDEN NA	ME	
Unknown_		Shiplan	South	
15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor ar dotes of		17. INFORMANT	00071	ADDRESS
(1es, no or onknown) (if yes, give wor or doles to	f service) SECURITY NO.			
18. 773.51	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIREC	TLY	Drs .	7:4	ONSET AND DEATH
(This does not mean the made of d)	(A)	RESpiratary Prematical	Histrees	10 Mrs 40 m
heart failure, asthenia, etc. It means th	e disease,			d-m .
ANTECEDENT CAUSES	(B)	Prema functi	5	6
DISEASES OR CONDITIONS, if any	DUE TO		)	
rise to the above cause (A) st				
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CON				
TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	D TO THE			
U 104 DATE OF OPERATION 198 CONDIT	ION FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar No	O) 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
WAS PERFOI	218 PLACE OF INITIPY (e.g.	, in or about 21 C. WHERE DID	Of in Baltimare	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bldg., INJURY OCCUR?	tii iii bulkinore	City, give exoct locollosis
21 D. TIME (Manth) (Day) (Year) (		21F. HOW DID INJ	LUBY OCCUP?	
OF INJURY (APPROX.)	While At Not W	hile	oki occok.	
	Work At Wo	1	/ 7.	
22. I certify that (I) (this hospital) of				
that (1) (we) last saw the deceased			nat in(my) (aur) apin	nian death accurred an the date
and haur and from the causes stated 23A. SIGNATURE	abave. (1) (We) (did) (did nat)	view the bady after death.		23B. DATE SIGNED
1	M.D. A	ttending Med.	Stoff 7	/ / -
23C. PHYSICIAN'S NAME (Type) + C D	na P	hys. Director 23D. ADDRESS	Phys.	12/2/64
NAME (Type) I C P	M.0	0 11	a) 11 -	To A May 1 1
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF C	out acres	OCATION COM	y, towin, or grunty of (State)
REMOVAL (Specify) 17-4-6	7	(11111111111111111111111111111111111111	CACOAL BELLE	ICHI CCHOOL
25A. DATE REC'D BY HEALTH DEPT. 25	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	SHY MUD	ADDRESS
	Robert E. Farkum	With the	LARY SERV	ICF BCHD
VS 150-REV. 1/1/65	INCHA CITY CONTRACT	-1401110	GREEK WILLY	IVE - WAR

HOSP17AL LU HERAL

Frank N

12/2/51

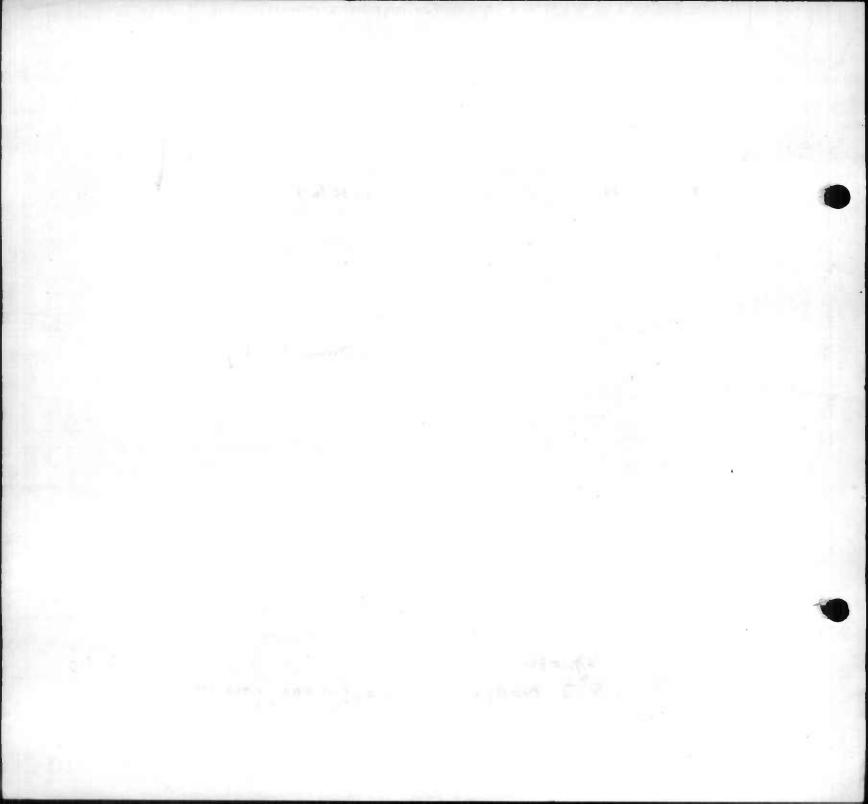
RESpiratory Sulties Humahisty

Suttered majetel 1 Hamberly

40 (/11 40 4/11 4/11)

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

		67	1170	BALTIMORE CIT	Y HEALTH DEPARTMENT		024 11-05
	H NO. 67-24	00/	LLIO	CERTIFICA	TE OF DEATH	Registered Na.	67 11705
1. N.	AME OF DECEASED				2, DATE A	ND HOUR OF DEATH	1
(Тур	e or Print)	ROBINSO	N B	ABY GIF	27 11	130/67	14:24 P
. P	LACE OF DEATH IN B.	ALTIMORE, MARY				ere deceased lived. If NTY	institution: residence before admission
		not in hospital or dress or location)			C. CITY OR TOWN (If or	utside city limits, write	PLIPAL and give fowerhin)
11	nstitution Lu	theran	Hospita	al of Nanylar	Baltime	orside City Intilia, wille	Controlled of Co
Ц	10				D. STREET ADDRESS	rural, give location)	1
7	4				1005 Po	slar gr	our Shut
i. S	EX 6. RACE			EVER MARRIED DIVORCED (specify)	11/30/67	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
			B. KIND OF B	UŠINESS OR INDUSTR	Y 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
ione	during most of working life	e, even ir renred)					WHAT GOOTHAL
3. 1	FATHERS NAME				14. MOTHER'S MAIDEN NA		
	Louci	13.			Berdett	a	
	Was Deceased Ever in U			6. SOCIAL	17. INFORMANT		ADDRESS
res	, no or unknown) (If yes,	give wor or dotes	or service)	SECURITY NO.			
	18. 771 V	1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR C	ONDITION DIREC	CTLY				ONSET AND DEATH
		G TO DEATH		(A)	Immatu	uty	3 hrs 3 m
ш	(This does not mean heart failure, asthenia,			DUE TO		1	
	injury ar camplication	which caused d	eath.)				
	ANTECE	DENT CAUSES		DUE TO			
	DISEASES OR CON			(C)			
	UNDERLYING COND			***************************************	**************************************		00 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7		11					
ATION	OTHER SIGNIFICANT	BUT NOT RELATI	ED TO THE				
CA	DISEASE OR CONDITI	ON 198 CONDI		IICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE	FINDINGS CONSIDERED
CERTIFIC		WAS PERFO	RMED			IN CERTIFYING C	AUSES OF DEATH?
AL	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21 B. Pl home, etc.)	ACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. WHERE DID office bldg INJURY OCCUR?	(II in Boltimo	ore City, give exact location)
DIC	21 D. TIME (Month)	(Doy) (Year)	(Hour) 21E II	NJURY OCCURRED	21F, HOW DID IN	JURY OCCUR?	
ME	OF INJURY (APPROX.)		While	AI Not Wh			
		(1) 1	Work	At Wor	11130	10 ( )	11/30 1967
	22. I certify that (I)					19 6) to	
	that (I) (we) last say						pinian death occurred on the d
	and haur and from th	ne causes state	d abave. (I)	(We) (dld) (dld nat)	view the bady after death.		23B, DATE SIGNED
	230. 31011 21 012	Smot	h.	M.D. A	tending Med.	Stoff	11/30/62
	OC BUYELCIANE	0,000	NOBL	P	ys. Director	Stoff Phys.	(11-0/0)
	23C. PHYSICIAN'S NAME (Type)	S. J.	NOBL	€ M.D	23D. ADDRESS LUTHERAN 736N A ROLL	HUDGOW &	TOP MARVIAND
24A	BURIAL CREMATION.	24B. DATE	24C. NAM	AE of CEMETERY OF C	REMATORY 240.	LOCATION (	City, town, or county) (State)
		12-4-	61		UNIVERS	HTY MED	ICAL SCHOOL
2SA	. DATE REC'D BY HEAD		58. NAME OF		25C. FUNERAL DIRECTO	R	ADDRESS
	DEC 7	1967	lesto &	Janbeuma.	MORT	UARY SE	RVICE - BCHB
VS	150-REV. 1/1/65						



BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH r if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased M.E. CASE NO. 2, DATE AND HOUR OF DEATH (Type or Print) uo o death. 4. USUAL RESIDENCE (Where deceased 3. PLACE OF DEATH IN BALTIMORE MARYLAND attendance (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C, CITY OR TOWN (If extiside city limits, write RURAL ofth 0 prior (If turol, give Josotion) D. STREET ADDRESS 0/00 regular mad 9. AGE (In years S, SEX MARRIED, NEVER MARRIED B. DATE OF 6. RACE deceased WIDOWED, DIVORCED (specify) lost birthdox MALE WHITE SINGLE disposition is 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) = ATHOLIC Priest (Jesuit 13. FATHER'S NAME A I. I. ENTOWN Was the assistant if MELCHER AGNES CLAUDE COVELY death LO 5704 5. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) (If yes, give wor or dates of servicet SECURITY NO. attendance JUGH KENNEDY, S.J. any CAUSE OF DEATH pronounced 0 DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or complication which caused deoth.) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the physician UNDERLYING CONDITION last, remains chief medical Was medical (2) Body burns; ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the ERTIFIC, 20 A. AUTOPSY? (Yes pr No) the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED 0 IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before Ü 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact tocation) where OR CONTRIBUTING CAUSE OF to the hospital °Z etc.t DEATH (notify medical examiner any nature; MEDIC obtained 21 D. TIME (Hous) 9 (Month) (Doy) (Year) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR OF INJURY approved (except Not While While At (APPROX.) Work At Work and 22. I certify that (1) (this haspital) attended the deceased from SEPY". ond that fn(my) (our) opinion death occurred on the date that (1) (we) lost sow the deceased alive on An accident of hospital death) and hour and from the causes stated above. (1) (We) (did not) view the body after death. the body was released shows: (1) An accident must 23A, SIGNATURE Attending M.D. Med. Stoff 0 Phys. Phys. approval Director 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior ŧ Eye St. N. W. Wash. was D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) eceased 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) decease VS 150-REV. 1/1/65

If Under 1 Yr. If Und Months Doys Hours

RATPARTO

INTERVAL BETWEEN

ONSET AND DEATH

12. CITIZEN OF WHAT COUNTRY?

23B. DATE SIGNED

D.C.

If Under 24 His.

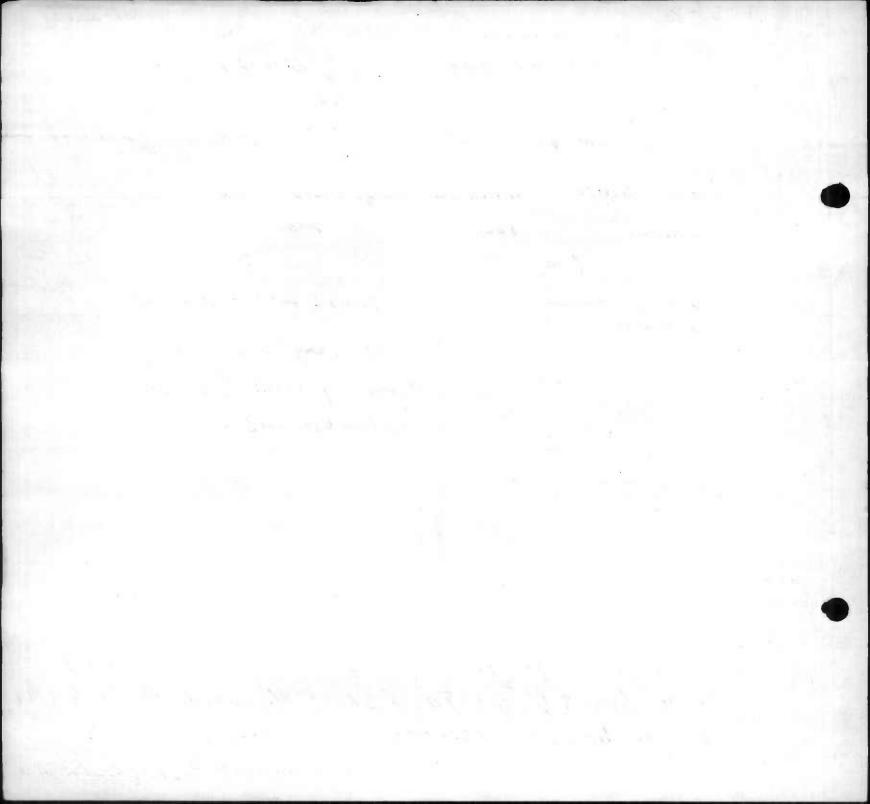
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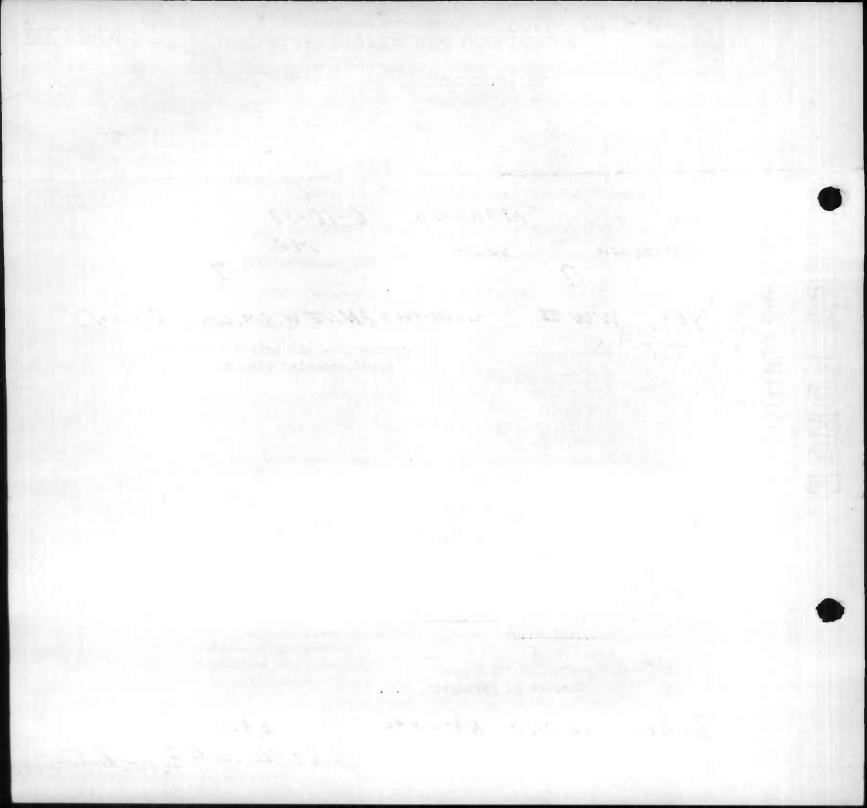
11)-7-	56	BALTIMORE CITY	Y HEALTH DEPARTMENT	67 11707			
BIRTH NO.	67	11707 CERTIFICA	TE OF DEATH Reg	istered Na.			
M.E. CASE NO.			2. DATE AND HOU	D OF DEATH			
(Type or Print)		WAGNER	12-1-67				
3. PLACE OF D	PEATH IN BALTIMORE, MA			sed lived. If institution; residence before admission)			
FULL NAME	R address or location	or institution, give street	MOI  C. CITY OR TOWN (If outside city	limits, write RURAL and of Township)			
INSTITUTION	UNIONM	EM HOSP	BALTO,	12-01			
44	Q7-1000 7-1		D. STREET ADDRESS (If rural, give 3712 CHESTNE				
S. SEX MALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE lost birth  5	(In yeors If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.			
IOA. USUAL OC		IOB. KIND OF BUSINESS OR INDUSTRY		try) 12. CITIZEN OF WHAT COUNTRY?			
C. KO	of working life, even if retired)	SELF	MP.	WHAT COUNTRY?			
3. FATHER'S N	AME ?	A	14. MOTHER'S MAIDEN NAME				
5. Was Deceas	ed Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT	ADDRESS			
(es, no or unknow	wn) (It yes, give wor or dote	s of service) SECURITY NO.	PORISL. WAGNE				
18.412	00./ 1		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			
DISE	ASE OR CONDITION DIR	RECTLY	of wary Throw	Cosis			
	not mean the mode of e, asthenia, etc. It means	dying, e.g., DUE TO	, , , , ,				
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DISEASES	ANTECEDENT CAUSES	DUE TO					
rise to	OR CONDITIONS, if the obove couse (A) NG CONDITION last.	stating the (C)	roway Heart ! Heriosclews!	<u> </u>			
E TO THE	II SNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I	TED TO THE					
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. ACCIDENT WAS UNDERLYING 21A. ACCIDENT WAS UNDERLYING 10 Control of Contributing Cause of Death?  21A. ACCIDENT WAS UNDERLYING 10 Colory, street, office bldg., DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID NJURY OCCUR?							
							21D. TIME (Month) (Doy) (Year) 1Hour) 21E. INJURY OCCURRED While At Work At Work
22. L carti	fy that (1) (this hospital	) attended the deceased fram		10 /2/1/67 19			
	e) last saw the decease	4/2/-/1					
		ted abave. (I) (We) (did) (did nat)		ny) (aur) apinian death accurred an the dat			
23A. SIGNA		The state of the s	The body differ dediff.	23 B. DATE SIGNED			
1	onis do	gel fr. M.D. Att	ending Med. Stoff Phys.	12/4/67			
23C. PHYSIC NAME	TAN'S (Type)		23D. ADDRESS	1 0 0 1 - 11			
1/10	2. 40415	109E/, JR. M.D.	26012. /YOWAH	ent ot /salons/			
REMOVAL REMOVAL	REMATION, 24B. DATE	MORELAND	EMATORY 24D. LOCATIO	N (City, town, or county) (State)			
-	D BY HEALTH DEPT.	25B NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	Apdress			

VS 150-REV. 1/1/65

1967 Robert E. Jakey M.

Paul E. Chewwoll 3 3617 Chester





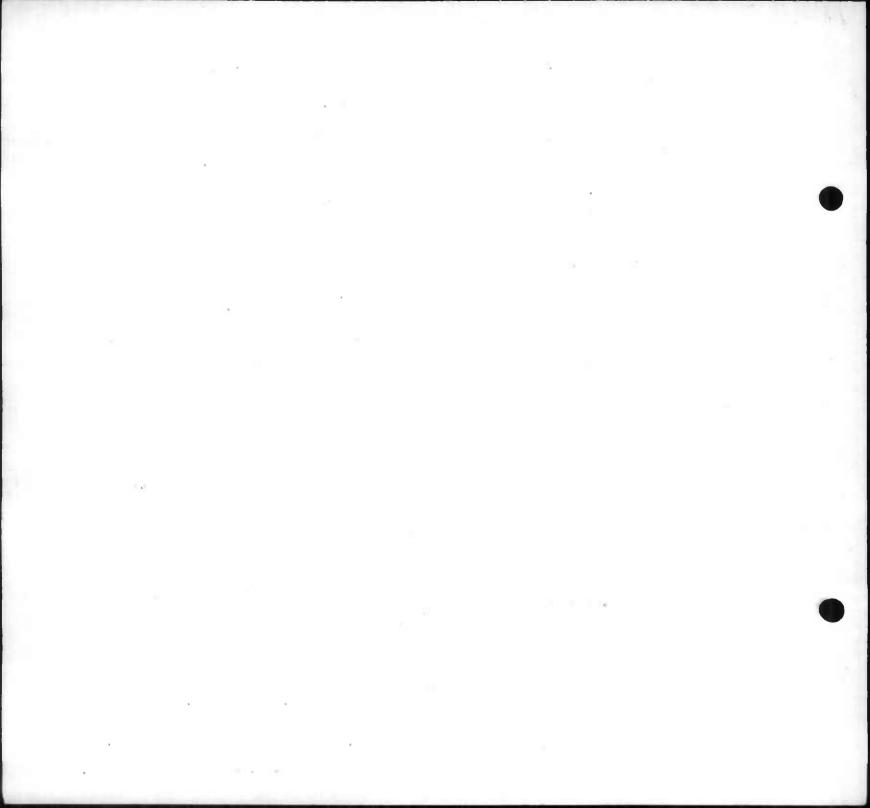
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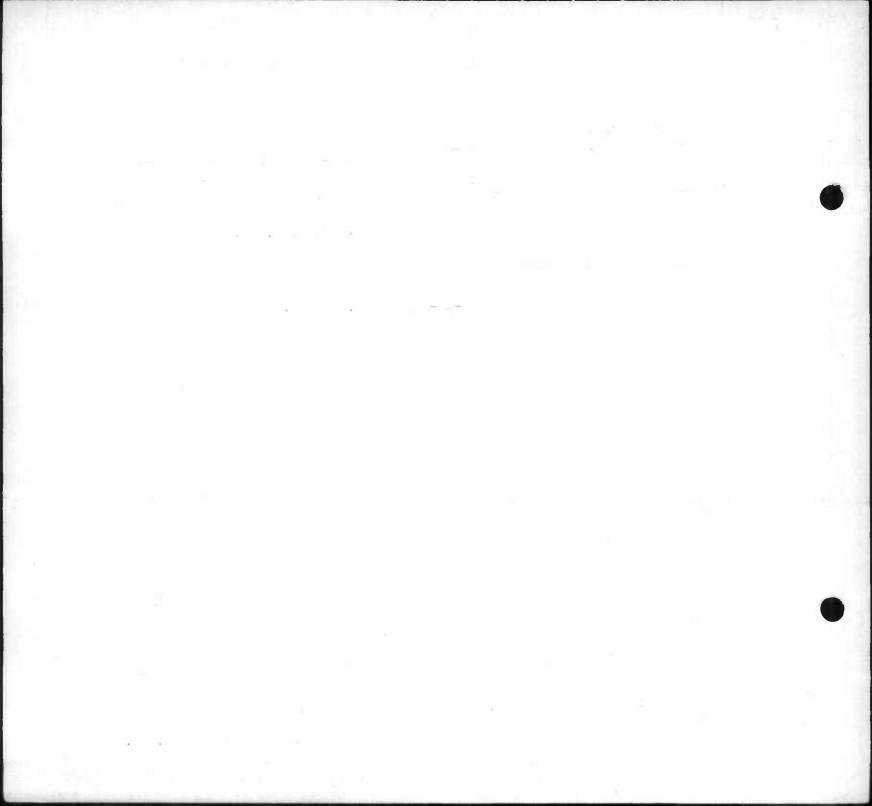
a hospital

BALTIMORE CITY HEALTH DEPARTMENT 67 11709 CERTIFICATE OF DEATH Registered No. BIRTH NO. Also, if the direct or contributing cause of death e of any kind; (4) Undetermined cause; (5) Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 0 John P. Hickman Dec. 2, 1967 4. USUAL RESIDENCE (Where deceosed lived. If institutions A. STATE B. COUNTY death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND residence before odmission) in regular attendance Md. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or lacation) C. CITY OR TOWN (If outside city limits, write RURAL and give loweship 0 Baltimore Sinai Hospital DUA prior D. STREET ADDRESS (If rurol, give location) 2925 EdgecombkCir. mad S. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In veors If Under 1 Yr. Months Doys If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) lost birthdov Hours Cauc. Divorced tOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) Maryland MOS the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha Amos Charles A. Hickman LO death 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL Mrs. Kathryn Barrett or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance 2925 Edgecomb Cir. (3) A fracture of any pronounced CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, the body was released to the hospital by a medical examiner. shows: (1) An accident of any nature; (2) Body burns; (3) A fractul regular injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the 2 physician UNDERLYING CONDITION last. remains MOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? a hospital (except where the WAS PERFORMED obtained before OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) ŝ MEDICAL DEATH (notify medical examiner) etc. 21 D. TIME 21 F. HOW DID INJURY OCCUR (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 9 OF INJURY While At Not While [ (APPROX.) and At Work 22. I certify that (1) (this hospital) attended the deceased from Duc! deceased prior to death); written approval must be that (1) (we) last sow the deceased alive on LUALY and that in (my) (eur) apinion death occurred on the date ond hour and from the causes stated above. (1) (\(\frac{\text{We}}{\text{-}}\) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending M.D. Med. Director Med. 23C. PHYSICIAN'S 23D. ADDRESS was D.O.A. at NAME (Type) 2214 E. Fayette St. Jaroslav Hulla M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) Baltimore, Md. Loudon Park Cem. Burial 12/6/67 2SA, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Witzke F. D. - 4101 Edmondson Av. VS 150-REV. 1/1/65



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death to	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 😭	ㅁ	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
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	his he k	how	105	929	
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RIPT	TH NO. 6	7 117:	5 ()	Y HEALTH DEPARTMENT	Registered No.	67 11710	
M.E	E. CASE NO.		CERTIFICA	TE OF DEATH	ID HOUR OF DEATH		
(Тур	pe or Print) Dorothy	Alder	son McDowa	ll Dece	ember 3, 190	67 M	
3. P	PLACE OF DEATH IN BALTIMORE, M	ARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If i	institution; residence before admission)	
1	FULL NAME OF ODD OF ODD OF ODD ODD ODD ODD ODD OD	an)	give street	Maryland		RURAL and give township)	
	Teor Suelmood	Avenue	03 03 1	Baltimore		ah!"	
0	) 6 Baltimore, Mar	yrand	21214	D. STREET ADDRESS (IF	rurol, give locotion) od Avenue	14	
5. S	Temale 6. RACE	WIDOWE	NEVER MARRIED D. DIVORCED (specify) DOWNED		9. AGE (In years lost birthdoy) 72	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
don	USUAL OCCUPATION (Give kind of wo e during most of working life, even if retired Red Cross		F BUŠINESS OR INDUSTR	Alderson, W.		12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME		
	John William Alde	rson		Sara Garst	ang		
	Was Deceased Ever in U. S. Armed F s,no or unknown) (If yes, give wor or do		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
			219-10-6695	Mrs. Sara M. Ja	rvis same	address	
CATION	DISEASE OR CONDITION DEATH  (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which cause ANTECEDENT CAUSE  DISEASES OR CONDITIONS, if rise to the above cause (A UNDERLYING CONDITION lost,  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING	of dying, e.g., as the diseose, ded deoth.)  Sony, giving the control of the cont	(B) DUE TO	sumatic H	ford Disa.	ONSET AND DEATH	
RTIFIC	WAS PE	RFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING C	AUSES OF DEATH?	
CAL CI	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 hom etc.	ne, lorm, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)	
EDI	21 D. TIME (Month) (Doy) (Yeo	r) (Hour) 21E	. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
S	(APPROX.)	Wh	ile At Not Whork At Work	le _			
	22 I cassify shoe (I) (ship because				19 5 9 to	December 1967	
	22. I certify that (I) (this hospital) attended the deceased from 19.57 to 19.67 that (I) (we) last saw the deceased alive an 19.67 and that in(my) (aw) apinion death accurred an the date						
	and haur and fram the causes st	ated abave. (	view the bady after death.				
	23A. SIGNATURE  Attending  Med.  Stoff Phys.  12/5/67						
	23C.PHYSICIAN'S NAME (Type)	1	1	23D. ADDRESS			
	P -	Daly	M.D.	3201 N. Ch	arles Str	eet - 21218	
24A	BURIAL CREMATION, 248. DATE	0	AME of CEMETERY or CI			City, town, or county) (Stote)	
	Burial 12/4/			aptish Cemetery			
25A	DEC 7 1967	4	E, Falley MA	WML. Tw	brent	Sons Karth	
VS	150-REV. 1/1/65				1		



25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

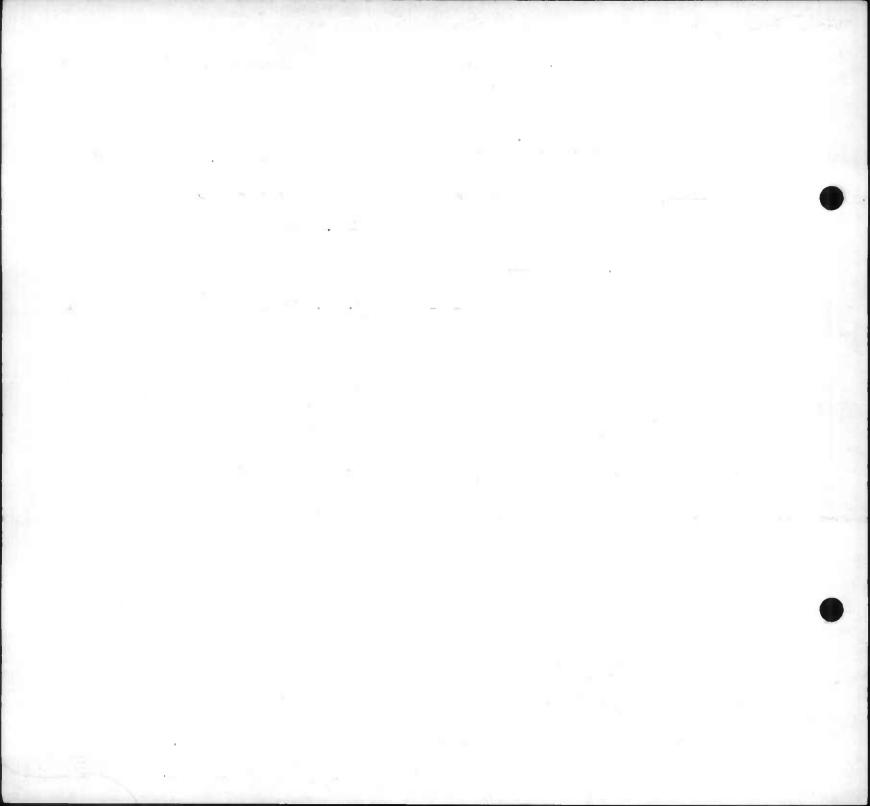
258. NAME OF REGISTRAR

Such

		67	7 117	BALTIMORE CITY	HEALTH DEPAR	TMENT	istered No.	67 11711
	H NO.	O #	44/.	11 CERTIFICA	TE OF DE	ATH Keg	istered No.	Aller aller E aggregation
1.N	AME OF DECE	SED				2. DATE AND HOU		A1
(Тур	e or Print) E	thel K.	V	ance		December	3, 196	67 4 H
3. P	LACE OF DEAT	H IN BALTIMORE, MA	RYLAND		A. STATE	B. COUNTY	sed lived. If i	institution; residence before odmission
Н	ULL NAME OF IOSPITAL OR INSTITUTION	(If not in hospital oddress or location		give street	C. CITY OR TOW		limits, write	RURAL and give township)
	30	30 Belvieu	A we .		Balti			10-16
(	) O B	altimore, Md	. 21	215	D. STREET ADDR	Belvieu Av		21215
. S		RACE	WIDOWE	NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE 25, 1883 int	(In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min,
	emale	White	1	idowed				
		orking life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	Cinn. O	State or foreign coun	try)	12. CITIZEN OF WHAT COUNTRY?
3. !	ATHER'S NAM				14. MOTHER'S M	AIDEN NAME		
	Edwar		mball		Mar	y Tayl	or	
		ver in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		Sun Li	ife Building
es	, no or unknown)	II yes, give wor or dote	s or service)	SECURITY NO. 213-32-6790	Mr. Wm.	Nickerson		es Center #1
_	18. // /			CAUSE O		NIORGI BOIL	01101 20	INTERVAL BETWEEN
	heort foilure, o injury or comp A DISEASES OF rise to the	I meon the mode of sthenio, etc. It meons licotion which coused NTECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost,	the disease, death.)	(B) DUE TO:	iteno so Ceritori Senili	uti lentir ly	Corder Par To	risaca
ATION	TO THE DE	CANT CONDITIONS C ATH BUT NOT RELA CONDITION CAUSING	ATED TO TH	G IE	rile to	Bruin by	redis	
ERTIFIC	19A. DATE OF	OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20 A. AUTOPSY	(? (Yes or No) 20B.	IF YES, WERE ERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH?
0	OR CONTRIBUT	WAS UNDERLYING CAUSE OF	216 hon etc	PLACE OF INJURY (e.g., i ne, form, foctory, street, o	n or obout 21 C. W. ffice bldg., INJURY	HERE DID OCCUR?	(If in Boltimo	ore City, give exact location)
	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	. INJURY OCCURRED sile At Not While At Work	le	W DID INJURY O	CUR?		
	22. I certify that (I) (this haspital) attended the deceased from 1960 to Jecules 3.19 4. that (I) (we) lost sow the deceased alive on Dill 3 1967 and that in (my) (our) opinion death occurred on the deceased.							
	ond hour and	from the couses sto	ted obove. (	l) (We) (did) (did not) :	view the body of	fter death.		
	23A. SIGNATUR	Alland	Buerl	M.D. Att	ending & M	led. Staff Phys.		23B, DATE SIGNED
	23C. PHYSICIAN NAME (Ty	M PAN,	Blei	/y M.D.	23D. ADDRESS 582	syork,	Ad	1//
24A	REMOVAL (Sp. Burial	12/6/67	61	oodlawn Cemete		Woodle	wn, Md.	City, town, or county) (State)

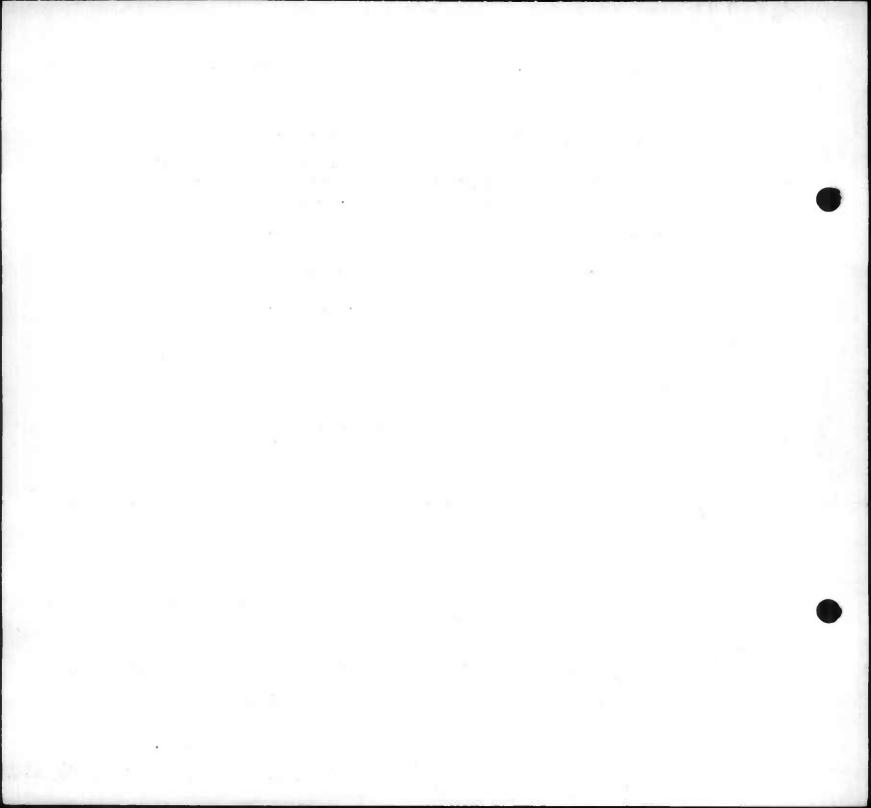
25C. FUNERAL DIRECTOR

ichner long



VS 150-REV. 1/1/65

BALTIMORE CITY	HEALTH DEPARTMENT  FOR DEATH Registered No. 67 11712						
BIRTH NO.  M.E. CASE NO.  67 11712 CERTIFICA	TE OF DEATH Registered No.						
	2, DATE AND HOUR OF DEATH						
1. NAME OF DECEASED (Type or Print)							
Elizabeth S. Henderson	December 2, 1967 8 30 A. M.  14. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)						
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY						
FULL NAME OF (11 not in hospital or institution, give street	Maryland						
HOSPITAL OR oddiess or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give ship)						
2810 The Alameda	Baltimore,						
	D. STREET ADDRESS (If iviol, give location)						
O Baltimore, Maryland 21218	2810 The Alameda 21218						
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   11 Under 1 Yr. , 11 Under 24 His.						
Temale White Married (specily)	lost birthdoyl Months Doys Hours Min.						
Female White Married	3000 )						
done during most of working life, even il retired)	WHAT COUNTRY?						
Housewife	Virginia						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
George T. Savage	Lucille Murphy						
15, Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS						
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.							
None	Mr. Walter S. Henderson same address						
IB. 33/X   CAUSE C	DE DEATH INTERVAL BETWEEN ONSET AND DEATH						
LEADING TO DEATH	Ilul Vesula auch (Humby)						
(This does not mean the mode of dying, e.g., DUE TO							
heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	Junadezel arteriorchisis						
ANTECEDENT CAUSES (B)	Imaden arter conclusion						
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the (C)	Control Hypothain						
UNDERLYING CONDITION lost.							
11							
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	,						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
WAS PERFORMED	IN CERTIFIENC CAUSES OF DEATH:						
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Baltimore City, give exact location)						
OR CONTRIBUTING CAUSE OF home, loim, loctory, street, or DEATH (notity medicol exominer)	The bidg., INJURY OCCUR?						
U	21F. HOW DID INJURY OCCUR?						
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not Whi							
(APPROX.) While At Work At Work							
22 I certify that (I) (this hasnital) attended the deceased from	O boles 1963 to Dec 2 1967						
that (I) (we) last saw the deceased alive an							
23A. SIGNATURE	23B. DATE SIGNED						
J. M.D. At	tending Med. Staff W. 4, 1967						
23 C. PHYSICIAN'S	23D. ADDRESS						
NAME (Type) Leonard Brill M.D.	4130 Cileman Ave.						
24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY or CI	REMATORY 24D. LOCATION (City, town, or county) (Stote)						
Burial 12/5/67 Loudon Park Ce	me tery Baltimore, Md.						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR						
DEC 7 1967 Relieb E. Farleyna	Wm L. Tichner & Sons worth LPa. we						
AND	MANNE LANDER LANDER LANDER						



	67 11713 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 67 11713						
	M.E. CASE NO.  1. NAME OF DECEASED  (TOROUSE, DANIEL EDWARD	CERTITICA	2. DATE AND HOUR OF DEATH DECEMBER 6. 1967   6:00 A M.				
	3. PLACE OF BEATH IN BALTIMORE, MARYLAND SJL AGNES HOSPITALL OF INSTITUTE	lution, give street	A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY MARYLAND				
}	WILLIGENS AND CATON NAVE BALT I MORE MARYLAND 21	NUE	C. CITY OR TOWN (If outside city )imits, write RURAL and give township)  BALT I MORE 21230  D. STREET ADDRESS (If rural, give location)  332 S POPPLETON STREET				
	40						
	MALE WHITE	RRIED, NEVER MARRIED  A DE LEGIORCED (specify)  I DOWED	8. DATE OF BIRTH 9. AGE (In years lost Globy) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
	10A. USUAL OCCUPATION (Give kind of work) 10B, KI done during most of working life, even if retired)	Rel Co	WEST VIRGINIA  14. MOTHER'S MAIDEN NAME				
	JOSEPH Crouse		BALDWIN may				
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes of se	1 6. SOCIAL 232 222459	17. INFORMANT ST AGNES HOSPITAL WIL	ADDRESS			
	18.	CAUSE 0		INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, heart failure, asthenia, etc. It means the di injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, rise to the above cause (A) stating UNDERLYING CONDITION last.	e.g., DUE TO	UMORAL CACHEXIA  DISEMINATED METASTASIS  DENOCARCINOMA PROSTATE				
	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
2	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, farm, foctary, street, of etc.)	n or obout 21C. WHERE DID (If in Baltimore fice bldg., INJURY OCCUR?	e City, give exoct locotion)			
	21 D. TIME (Month) (Doy) (Yeor) (Hour (APPROX.)	While At Nork While At Work	21 F. HOW DID INJURY OCCUR?				
	22. I certify that (N (this hospital) attended the deceased fram DECEMBER 5. 19 67 to DECEMBER 6. 19 67, that (N (we) last saw the deceased alive an DECEMBER 6. 19 67, and that in NN) (aur) apinian death accurred an the date and haur and fram the causes stated above. N) (We) (did) (XIXXX) view the bady after death.						
	23A. SIGNATURE  LUMINATION S  WASTE THYSICIAN'S  WASTE THYSICIAN'S	de Phy	ending Med. Stoff s. Director Phy sp. 23D. ADDRESS	L2=6=67			
2	Denal 13/9/67	M.D.  24C. NAME of CEMETERY OF CRE  M. C.	ST AGNES HOSPTAL WILEK	NS & CATON AVE.  (by. lown, or county)  (Stote)  ADDRESS			
	DEC 7 1967 (C)	Centre E. Harbergan	John J. Cowan & Son	Inc. Holling Lt			

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THE SHELLING PRINTS SERVING

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67 11714 B	ALTIMORE CITY HEAL	TH DEPARTMENT	OM Sama		
BIRTH NO. Washinglan, D.C. MEDICAL EX	AMINER'S CI	ERTIFICATE OF DEATH Registe	ored No. 0/ 11/14		
M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUNC			
MICHAEL	TRETTIN	December 4, 196			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If inst A. STATE B. COU	itution: residence before odmission) JNTY		
FULL NAME OF OF NOT IN HOSPITAL OR INSTITUT	ION, GIVE STREET	Maryland C. CITY OF TOWN (If outside corporate limits, write	RURAL and give township)		
INSTITUTION ADDRESS OR LOCATION)		Baltimore	75-31		
B4Bon Secours Hospital		D. STREET ADDRESS (If rurol, give locotion)			
Bon becours hospital		620 Yale Avenue			
	IEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.		
Male White	VORCED (specify)	Dec. 12, 1965   lost birthdoy}	Months Doys Hours Min.		
IDA, USUAL OCCUPATION (Give kind of work 10B. KIND OF	BUSINESS OR INDUSTRY				
done during most of working life, even if retired)		WHAT COUNTRY?			
13. FATHER'S NAME		Washington D. C.	U. S. A.		
Vernon W. Trettin		Shirley L. Locke			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	6. SO CIAL	17. INFORMANT	ADDRESS		
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Balto. Md.	T T 3		
118.	CALLER	Mrs. Shirley L. Trettin 620	INTERVAL BETWEEN		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED	HICH OPERATION  ACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FII IN CERTIFYING CAU: Yes in or obout 21C. WHERE DID (If in Boltimore City, gi	SES OF DEATH? Yes		
UTING CAUSE OF DEATH.	home	620 Yale Avenue	25-31		
21D TIME (Month) (Doy) (Year) (Hour) 211	E. INJURY OCCURRED	DIE HOW DID INITIAL OCCUP?			
11/30/6/ /:10 P. m. W	HILE AT NOT	WHILE IT FOR THE STAND I A	cop of cellar stairs to the concrete floor		
22. I certify that I held an Inquiry	Inspection Aut	ropsy X and that an this basis, death in n	ny apinian		
resulted fram: Natural causesAc	cident X Suicid		er		
CHIEF MEDICAL EXAMINER					
SIGNATURE COMPANY	m "	ASSISTANT MEDICAL EXAMINER	DATE SIGNED		
EVAMINED!		ASSOCIATE MEDICAL EXAMINER	12/5/67		
NAME (Type) Werner U. Spit					
23A, BURIAL CREMATION, REMOVAL (Specify) 23B, DATE 28C.	NAME of CEMETERY	or CREMATORY 23 D. LOCATION (City,	, town, or county) (Stote)		
Burial Dec. 6, 1967 G	len Haven Cen	Glen Burnie, 1	vid.		
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME O	-	24C. FUNERAL DIRECTOR	ADDRESS		
	, Farkey MA	G. Truman Schwab 3512 Fred	derick Ave. Balto. Md		
VS 151-REV. 1/1/65					

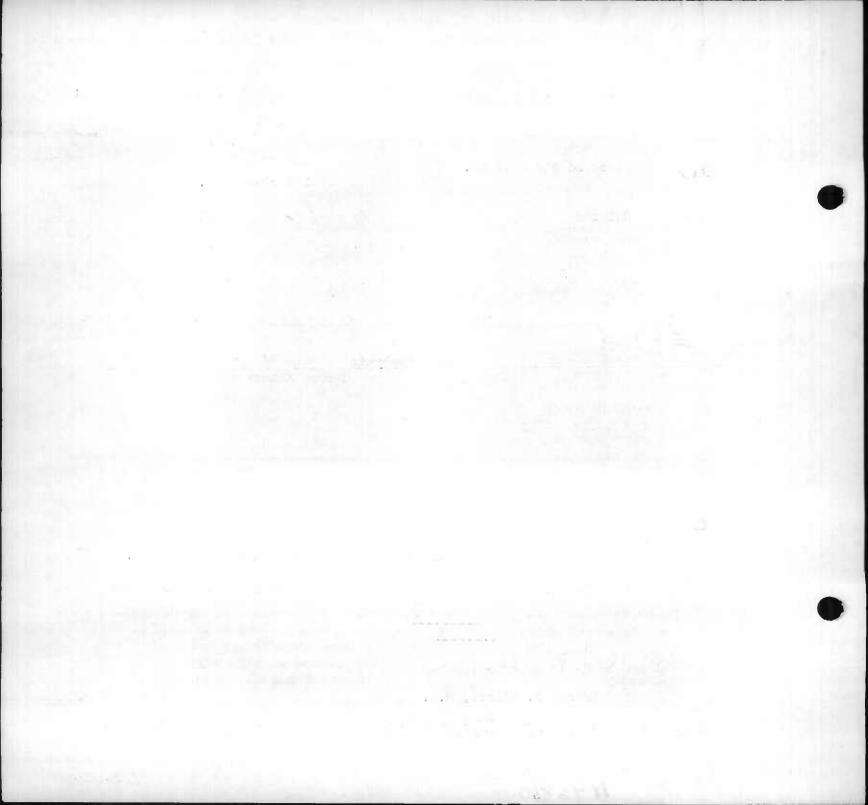
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67 11715 BALTIMORE CITY HEALTH DEPARTMENT

					1	Shall	4 4	policy B	
MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH	Registered No.	01	11	11	

A.E. CASE NO.							
NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD						
LINWOOD LEE	December 3, 1967   10:00 am.						
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)  A. STATE  B. COUNTY						
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 4STITUTION	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township).						
	Baltimore						
4800 block of old York Rd.	D. STREET ADDRESS (If rurol, give location)						
	602 Richwood St.						
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months, Doys, Hours, Min.						
Well- Calenda de commo	7/24/16 51						
DA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTR	TY11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
LABORER (CONTRACTOR	UA. WHAT COUNTRY?						
LAISORER COMPHETOR	14. MOTHER'S MAIDEN NAME						
10 = +1/=11 /==	Manyorkanadal						
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL	17.INFORMANT ADDRESS						
es, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	The contract of the contract o						
NO 229-16-8976	DoRothy LEF- 602 Pinhwood are						
18. E 0 91 C. CAUS	E OF DEATH INTERVAL BETWEEN						
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH						
LEADING TO DEATH ASD	hyxia						
(This does not meon the mode of dying, e.g., heart failure, astherio, etc. It means the disease,	Carbon Monoxide Poisoning						
injury or complication which coused death.)							
ANTECEDENT CAUSES	100						
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO							
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
(C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED						
WAS PERFORMED	No IN CERTIFYING CAUSES OF DEATH?						
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Boltimore City, give exact location)						
FILTING CALLSE OF DEATH	office bldg., INJURY OCCUR?						
Street	4800 block Old York Rd.						
TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?							
(APPROX.) 12 2-3 67 ? WHILE AT NOT WHILE X Subject found in parked car							
22.							
resulted from: Natural couses Accident X Suicide Homicide Undetermined manner							
ACTIVAL CHIEF MEDICAL EXAMINER DATE SIGNED							
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X							
EXAMINER'S ASSOCIATE MEDICAL EXAMINER							
NAME (Type) Edward F. Wilson, M.D.	December 3, 1967						
3A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)						
EMOVAL (Specify)  By Taken	1 Shuman ille Va.						
4A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS						
DEC 7 1967 Plant & Falleyna	Um. I. Chatman In-1701 M. Callole &.						
'S 151-REV. 1/1/65	Galter Web						
A M. Maria and M.							

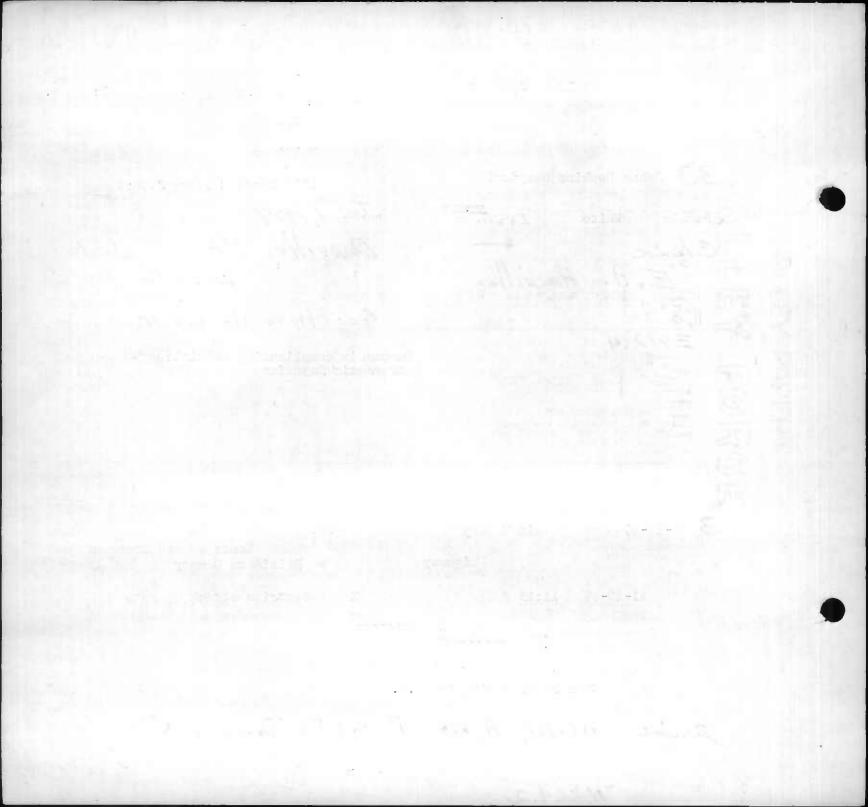


67 11716 BA	ALTIMORE CITY HEALTH DEPARTMENT
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Regis

ATH Registered No.67 11716

NAME OF PRINTED   DATE AND MOUNT PRONOUNCED DEAD	BIRTH	NO.	MED	ICAL EXA	AMINER'S C	ERTIFICATE OF	DEATH Registered No.	2 77 (10)	
County   C	M.E. C	CASE NO.							
LEVILLE MARTHOOLE, MARTLAND, WHERE PRONOUNCED DEAD  HILL MAME OF HILL				JEFFO				7./5	
MINITURION  ADDRESS OR LOCATION  John Hopkins Hospital  S. SER  ARACE  A	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					4. USUAL RESIDENCE (Where	deceased lived. If institution: res	1470	
Johns Hopkins Hospital    D. STRET ADDESS If wide, give bestern   17.9 Market Calvert Street   17.9 Market Street Street   17.9 Market Calvert Street   17.9 Market Calvert Street   17.9 Market Calvert Street   17.9 Market Street Street   17.9 Market Street Street Street Street Street Street Street   17.9 Market Street						Marylan C. CITY OR TOWN (If outsi	d de corporate limits, write RURAL	ond give to waship)	
Johns Hopkins Hospital  5. SER    S. AACE   P. AAARIED, HAVE MASHED   S. DAIT OF BRITH   S. AGE By year   House 2d Her. Windows, Divorcent people   S. DAIT OF BRITH   S. AGE By year   House 2d Her. Windows, Divorcent people   S. DAIT OF BRITH   S. AGE By year   House 2d Her. Windows, Divorcent people   S. DAIT OF BRITH   S. AGE By year   House 2d Her. Windows, Divorcent people   S. DAIT OF BRITH   S. AGE By year   House 2d Her. Windows, Divorcent people   S. DAIT OF BRITH   S. AGE By year   House 2d Her. Windows, Divorcent people   House 2d Her. Windows, Divorcent people   S. DAIT OF BRITH   S. AGE By year   House 2d Her. Windows, Divorcent people   S. DAIT OF BRITH   S. AGE By year   House 2d Her. Windows, Divorcent people   House 2d Her. Windows, Divorcent people   S. DAIT OF BRITH   S. AGE By year   House 2d Her. Windows, Divorcent people   House 2d Her. Windows   House 2d Her. Windows, Divorcent people   House 2d Her. Windows, Divorcent		0						1500	
S. SEX SERVICE OF SEASON O	5	J Jo	hns Hopkins	Hospital					
TABLES OF CONDITION OF SELECT TO THE DISEASE OF CONDITION SECURITY NO.  TO THE SIGNIFICANT COURTS IN THE CONDITION SECURITY NO.  TO THE SIGNIFICANT COURTS IN THE CONDITION OF SELECT TO THE DISEASE OF CONDITION SECURITY NO.  TO THE SIGNIFICANT COURTS IN THE CONDITION OF SELECT TO THE DISEASE OF CONDITION SECURITY NO.  TO THE SIGNIFICANT COURTS IN THE CONDITION OF SELECT TO THE DISEASE OF CONDITION SECURITY NO.  TO THE SIGNIFICANT COURTS IN THE CONDITION OF SELECT TO THE DISEASE OF CONDITION SECURITY NO.  TO THE SIGNIFICANT COURTS SECURITY NO.  TO THE SIGNIFICANT SECURITY NO.  TO THE SIGNIFICANT SECURITY NO.  THE SIGNIFICANT SECURITY NO.  THE COURTS SECURITY N	5. SEX		6. RACE	7. MARRIED, N	IEVER MARRIED		9. AGE (In years If Unde		
A. MOTHERS MAME   A. HARVING   A. MOTHERS MAIDEN NAME   A. MOTHERS MA	Fe	male	White			JAN 1,1927	7	Doys Hours Min.	
13. FATHER'S NAME				k TOB, KIND OF I	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of fore		ZEN OF	
TS. WAS DECEASED EVER IN U.S. ABMED FORCES? ITS. NO DECEASED EVER IN U.S. ABMED FORCES? ITS. NO OF THE PROPERTY OF THE PROPERT	C.	1281				VANVIIIE	UA.	J.S.H.	
Teach   The composition of the	13. FA1	HER'S NAM	A. HA	Ruille	,	14. MOTHER'S MAIDEN NAM	LOUELLA	Holder	
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This does not mean the mode of dying, e.g., interval before traumatic injuries.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING BISE TO THE ADOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)						17. INFORMANT	ADDRES	5 21205	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This does not mean the mode of dying, e.g., hort follows, sthenic, etc. If means the disease, injury or complication which coused debelon several means the disease, injury or complication which coused debelon several means the disease, injury or complication which coused debelon several means the disease, injury or complication which coused debelon several means the disease, injury or complication which coused debelon several means to the coused means to the coused debelon several means to the coused	1	10	ar yes, give wor or dole	s of services	SECORITI NO,	Geo. Harve	11- 11-11	1. A . La Ub	
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The does not meen the mode of dying e.g., the control of the mode of dying e.g., the control of the course of the		DISEAS	E OR CONDITION D	DECTIV	Pno	umonia complicat	ino multiple	ONSET AND DEATH	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING MISE TO THE ABOVE CAUSE (A) STAINING THE UNDERLYING CONDITION LAST.  (C)			LEADING TO DEATH	1	(A) fr	umonia compilcat aumatic iniuries	ing multiple		
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Ven Injury  Ven Ven Ven Ven Ven Ves  Ves  Ves  Ves  Ves  Ves  Ves  Ves	No -				(C)				
Ven Injury  Ven Ven Ven Ven Ven Ves  Ves  Ves  Ves  Ves  Ves  Ves  Ves	I	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
Ven Injury  Ven Ven Ven Ven Ven Ves  Ves  Ves  Ves  Ves  Ves  Ves  Ves	문	TO THE	DEATH BUT NOT RE	LATED TO THE					
Ven Injury  Ven Ven Ven Ven Ven Ves  Ves  Ves  Ves  Ves  Ves  Ves  Ves	E 197				HICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINDINGS	CONSIDERED	
212. EXTENDAL CAUSE WAS UNING   CAUSE OF DEATH.   218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locolion)		11-13			irv	Yes		EATH?	
DING CAUSE OF DEATH.    etc.   Highway   = Baltimore County	₹ 21.	A. EXTERNAL	CAUSE WAS	21B, PL	ACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimore City, give exoct	locotion)	
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.) 11-12-67 11:15 Pm. WHILE AT NOT WHILE X Pedestrian struck by auto  22.	E UT	HITING CAUSE OF DEATH			trode to die bolicaet flord				
CAPPROX.) 11-12-67 11:15 Pm. WHILE AT	211		(Month) (Doy) (Yeo	r) (Hour) 21 E		21F. HOW DID INJ	URY OCCUR?	200	
Certify that I held on Inquiry   Inspection   Autopsy   Ond that an this basis, death in my opinion resulted fram: Notural causes   Accident   Suicide   Homicide   Undetermined monner	(A	PPROX.)	11-12-67 1	1:15 Pm. W	TILE AT NOT AT W	WHILE X Pedestri	an struck by auto		
resulted fram: Notural causes Accident X Suicide Homicide Undetermined monner  CHIEF MEDICAL EXAMINER DATE SIGNED  SIGNATURE LIGHT STATE DATE SIGNED  M.D. ASSISTANT MEDICAL EXAMINER X  EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER November 30, 1967  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, of county) (Stote)  REMOVAL (Specify) 12/2/67 High Land Burial Pt. Danu 16 Virginia  24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. PUNERAL DIRECTOR ADDRESS  ACTUAL SIGNED  DATE SIGNED  NOVEMBER 30, 1967  PLANT 16 VIRGINIA COUNTY (Stote)  PLANT 16 VIRGINIA COUNTY AND SOCIAL STORY AND SOCIAL	22		ify that I held on I	nquiry 🔲	Inspection Au	topsy X and that an th	nis bosis, death in my opinio	on	
ACTUAL SIGNATURE Charles S. Springate, M.D. ASSISTANT MEDICAL EXAMINER November 30, 1967  EXAMINER'S NAME (Type)  Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER November 30, 1967  EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER November 30, 1967  EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER November 30, 1967  EXAMINER NOVEMBER OF CHARLES OF CREMATORY PROPERTY OF CREMATORY									
ACTUAL SIGNATURE  SIGNATURE  EXAMINER'S Charles S. Springate, M.D. ASSISTANT MEDICAL EXAMINER  November 30, 1967  PREMOVAL (Specify)  BRAL  12/2/67  HighLand Burial Pt. Danule  24A. Date rec'd by Health Dept.  24B. NAME OF REGISTRAR  24C. PUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ADDRESS			a	7	5				
NAME (Type)  23A, BURIAL CREMATION, 23B, DATE  23C. NAME of CEMETERY of CREMATORY  REMOVAL (Specify)  BURIAL  12/1/67  High Land Burial Pt. Danuille Virginia  24B, NAME OF REGISTRAR  24C. FUNERAL DIRECTOR  ADDRESS  43 S Confly		SIGNATURE CHARLES AND ASSISTANT MEDICAL EXAMINER X							
REMOVAL (Specify)  BURIAL  12/7/67 HighLand Burial Pt. Danuille, Virginia  24a. DATE REC'D BY HEALTH DEPT.  24B. NAME OF REGISTRAR  24C. PUNERAL DIRECTOR  ADDRESS  LONG  1901 R. D. & E. Forkey  ADDRESS  LONG  1901 R. D. & E. Forkey  1901 R. D. &		NAME (1	ype)				XAMINER Novembe	er 30, 1967	
BRIAL 12/7/67 HighLand Burial K. Danville, Miginia  24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. PUNERAL DIRECTOR ADDRESS  1961 R. D. L. E. Farkey M. Jaseph P. Jannino Bi 3 S. Conflis				23C.	NAME of CEMETERY	CREMATORY 23D.	LOCATION (City, town, or	county) (Stote)	
1857 1961 R. D. & E. Farkey M. Joseph T. Jannino Be 3 S Confle	B		1	67 /4	ighLand B	urial PK. D	enville Wirg	Inia	
VS 151-REV. 1451 1 1951 R. D. & E. Farkey M. Jaseph M. Jannino BL3 S Confly	24A. D	ATE REC'D	BY HEALTH DEPT.	248, NAME O	FREGISTRAR	24C. PUNERAL DIRECTO	R	ADDRESS	
VS 151-REV. 474/65'			07 1967 (	30.68	Farkeyra	Joseph K.	formino,	3635 Confles	
	VS 15	1-REV. 4-47	75' ,* N 8 G	-	/	// //	/	V 50	



NI	-	2	1	1	1
/ /	a hospital and	se; (5) Deceased	Jant on the	to death. Such	
•	death occurred in	Indetermined cau	1s in regular atte	deceased prior	sition is made.
IMPORTANT	or his assistant if	e of any kind; (4)	nounced death we	attendance on the	med or tinal dispo
FUNERAL DIRECTOR: IMPORTANT	nedical examiner	ourns; (3) A fractur	nysician who pror	n was in regular	emains are embal
FUNER	ved by the chief n	nature; (2) Body b	ept where the pr	d (o) No physiciar	dined before the r
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the hody was released to the hospital by a medical examiner. Also if the direct or contribution cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	leceased prior to death); an	Vritten approval must be obto

5	OF A.d MA IN BALTIMORE CITY	HEALTH DEPARTMENT	
1		TE OF DEATH Registered No.	7 11717
	M.E. CASE NO.  1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH	
	(Type or Print) MR. PETER MICELI	11-29-67	13:46 PM
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institut A. STATE B. COUNTY	ion: residence before odmission)
	FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or location) INSTITUTION	MARYLAND C. CITY OR TOWN (If outside city limits, write RURA	L ond give township)
	THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give location)	53-00
j l	33	1960 WOODLAWN DRIVE	
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Walker	B. DATE OF BIRTH  11-12-20  9. AGE (In years lost birthday)  47	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min,
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working lite, even if retired)	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF
	BEANCH MANAGER GENERAL CIGAR	Baltimore-	USA.
2	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	SANTO MICELI	FANNIE D'ANNA	
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
	WUIT + KOLETTO - ARMY 214-03-0937		
	1B. CAUSE OF	F DEATH	INTERVAL BETWEEN
5	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
	LEADING TO DEATH	nelluona	5 days
	(This does not meon the mode of dying, e.g., DUE TO heart foilure, osthenio, etc. It meons the disease,		
	injury or complication which coused death.)	Pianders Call Son Lague	21011+
5	ANTECEDENT CAUSES  (B)   C   C   DUE TO	muni Cex Sancon	4 9/00
3	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)		'
	UNDERLYING CONDITION lost.		
	Z		
5	OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED		
0	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIND	NGS CONSIDERED
	WAS PERFORMED	GENTLEYING CAUSES	OF DEATH?
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of DEATH (notify medical examiner)	or about 21 C/ WHERE DID (If in Boltimore City	, give exact location)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.)  While At Not White Work  At Work		
	22. I certify that (1) (this hospital) attended the deceased from	11-1 10/27 11-2	0 17
	thor (1) (we) lost sow the deceosed olive on	19 67 and that in(my) (our) apinian	9 19 <u>Ce /</u> ,
			death accurred on the date
5	ond hour and from the causes stated above (1) (We) (did) (did not) v		DATE SIGNED
	K / a that I con I / a ) M.D. Atte	- Mark - St. 11 - /	1-29-67
	23C, PHYSICIAN'S	Director Phys.	1076/
	ROBERT A. CORDES M.D.	JOHNS HOPKINS HOSPITAL	
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE		wn, or county) (Stote)
	REMOVIAL (Specify)	Balta Md	wn, or county) (Stote)
	2SA. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	250 FUNERAL DIRECTOR	A KNOBESS
	DEC 7 1967 Plant & Laboura	Fough n. Zannero 762	& ADDRESS
ļ	VS 150-REV, 1/1/65	The second of th	, , , , , , , , , , , , , , , , , , , ,
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		,

## 67 11718 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 11718

M.E. CAS	E NO.							
1. NAME (Type or P	OF DEC		YAL THERE C	TIT MIP			HOUR PRONOUNC	
				HITE	U		ber 4, 1967	
3. PLACE FULL NA/ HOSPITAL INSTITUTIO	ME OF OR ON	(IF NOT IN H ADDRESS OR	nd, where Pronou		C. CITY OR	Maryland TOWN (If outside Baltimore	B. COL	e RURAL ond give township)
5. SEX		6. RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF		9, AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Male		White	widowed, i	DIVORCED (specify)	March	25,1903	. 64 XXX	Months Doys Hours Min.
Wind	ow of WO.	vorking lite, even if r Cleaner	etired)	BUSHRESS OR HADUST	Virgi	nia		WHAT COUNTRY?
	. Hi	Lte			Unkno			
		O EVER IN U.S. /	or dotes of service)	16. SO CIAL SECURITY NO.	17. INFORM	91		sle Avenue
Yes				228-03-663	Landr	am D. Hi	te Balto	., Md. 21236
DIS RIS UN	SEASES E TO TH I DERLYIN	osthenio, etc. It implication which continued to the cont	AUSES S, IF ANY, GIVING (A) STATING THE LAST. THONS CONTRIBUTING OT RELATED TO T	(B)			t disease	
19A. I		OPERATION 191	B. CONDITION FOR Y	WHICH OPERATION	20A. AU1	OPSY? (Yes or No)	20B. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
OUNDE	RLYING	CAUSE WAS OR CONTRIB- SE OF DEATH,	21 B, home etc.)	PLACE OF INJURY (e.g., form, foctory, sheet,	, in or obout 2 office bldg., IN	C. WHERE DID	If in Boltimore City, gi	ive exact location)
21 D OF IN	JURY	(Month) (Doy)	V	TE. INJURY OCCURRED  WHILE AT NOT  WORK AT	WHILE 2	F. HOW DID INJU	RY OCCUR?	
	resul ACTUAI SIGNAT EXAMIN	URE Char	L C	Suici	CHIE		AMINER X	
23A, BUR REMOVA		MATION, 23B, D		C. NAME of CEMETERY	or CREMATO	23 D. L	OCATION (City	y, town, or county) (State)
	E REC'D	De de BY HEALTH DEP	T. 24B. NAME	Gedar Hill OF REGISTRAR		INERAL DIRECTOR	le Arundel	ADDRESS CI +
	DE	C 7 196	1 Ollub	E, FarbeyMa	Wai	Lters Fun	eral Home	Pratt&Stricke

67 11719 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Na BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR PRONOUNCED DEAD 1. NAME OF DECEASED 10:12 A. NTCHOLS Buck December BESSIE 4. USUAL RESIDENCE (Where deceos lived. If institution: residence before admission)

B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore 2245 E. Fayette St. D. STREET ADDRESS (If rurol, give location) 2245 E. Favette Street B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs. 7. MARRIED, NEVER MARRIED 6. RACE Months, Doys, Hours, Min. lost birthdoy WIDOWED, DIVORCED (specify) 8-18-1915 Female White Unknown

10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (Stote or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A Reedy, West Virginia Attentant 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sarah Callow James Nichols ADDRESS 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SO CIAL (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. Vandale Funeral Home, Spencer, West Va. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH 600.1 DISEASE OR CONDITION DIRECTLY Acute Suppurative Peritonitis due to LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MXXXXX perinephric abscess ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICAT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Partial
20 A. AUTOPSY? (Yes of No) 20 B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Yes Yes 218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., NJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBetc.) UTING CAUSE OF DEATH. 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 21 D TIME (Month) (Dov) (Yeor) (Hout) OF INJURY m. WHILE AT NOT WHILE (APPROX.) Partial and that an this basis, death in my apinlan I certify that I held an Inquiry Inspection Undetermined manner Suicide Hamicide resulted fram: Natural causes X Accident CHIEF MEDICAL EXAMINER DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER X ACTUAL SIGNATURE 12/5/67 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Werner U. Spt z, M.D. NAME (Type)

23C. NAME of CEMETERY or CREMATORY

Burial 12-9-1967 Fairview Cemetery
Date REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24

23B, DATE

Reedy, West Virginia

23D. LOCATION

24C. FUNERAL DIRECTOR ADDRESS

(City, town, or county)

(Stote)

DEG 7 1967 R. Dr. B E Farbert

Howard H. Hubbard, 4107 Wilkens Ave. 21229

23A. BURIAL CREMATION,

REMOVAL (Specify)

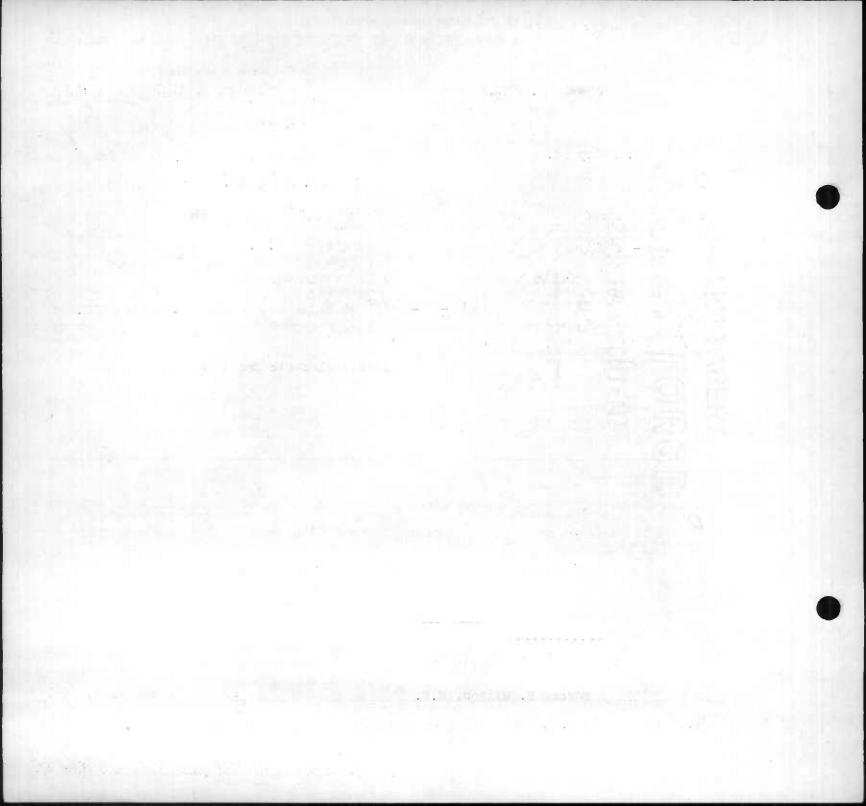
1-10-

VS 151-REV. 1/1/65

67 11720 BALTIMORE CITY HEALTH DEPARTMENT

AAEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 87 11720

BIRTH NO.	MED	CALEX	AMINER 3 CE	KHILICAI	EOFD	EAIN Registe	red No.	
M.E. CASE NO	о.							
1. NAME OF (Type or Print)	DECEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
		N. WELLS			Decei	mber 5, 196		10:25 pm
3. PLACE IN B	ALTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where de	eceased lived. If inst B. COU	itution: residenc JNTY	e before odmission
FULL NAME ( HOSPITAL OR INSTITUTION	OF (IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	TTION, GIVE STREET		Maryland Of Outside	corporate limits, write	RU,RAL and g	ive township)
234	No. Amity St.			Balt D. STREET ADD	cimore RESS (If rurol, g	ive location)	8-	//
00				234 No.	. Amity	St.		
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years last birthday)		r. If Under 24 Hr.
Male	Colored	Marr		July 21,		68		
done during mos	CCUPATION (Give kind of world to of working life, even if refired) er-retired	108 KIND OF	BUSINESS OR INDUSTRY	Sumpter		country)	12. CITIZEN C	OF OUNTRY?
13. FATHER'S N	IAME	1.		14. MOTHER'S M.	AIDEN NAME			
	Well	ls		Unk	nown			
	ASED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT			ADDRESS	1
NO	own) (If yes, give wor or dote	s of service	252-10-197	2 Hatti	e Well	s 234 N.	Amity	St.
DISEAS RISE TO UNDER	LEADING TO DEATH live, asthenio, etc. If complication which coused  ANTECEDENT CAUSE ES OR CONDITIONS, IF A THE ABOVE CAUSE (A) S LYING CONDITION LAST.  II SIGNIFICANT CONDITIONS	dying, e.g., the disease, death.)  S LNY, GIVING TATING THE	(B) DUE TO (C)	terioscle	roticCa	rdiovascul	ar. Disea	1se
DISEAS	HE DEATH BUT NOT RE E OR CONDITION CAUSING OF OPERATION 198, CON	IDITION FOR		20A. AUTOPSY		OB. IF YES, WERE FI		
00	WAS PER			No		N CERTIFYING CAU		
O UNDERLYII	RNAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH,	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, o	in or obout 21 C. V	HERE DID (IF	in Boltimore City, gi	ve exoct locati	on)
21D TIME OF INJURY (APPROX.)		V	VHILE AT NOT WORK AT W	WHILE ORK	NULINI DID WC	Y OCCUR?		
22.	certify that I held an 1	nquiry 🗌	Inspection X Aut	apsy and	d that an this	basis, death in r	my opinian	
ACT SIGN EXA	UAL HATURE MINER'S E (Type)  Edware	J-1	Suicident Suicident M.D.		EDICAL EXA	AMINER X		6, 1967
23A, BURIAL REMOVAL (Sp	CREMATION, 238. DATE		C. NAME of CEMETERY o	r CREMATORY			, town, ar coun	ty) (Stote)
Buri	Dec. 9	,1967	rbutus Mem	orial Pa	rk Ar	butus	Md.	
24A. DATE RE	C'D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR		AL DIRECTOR		ADD	RESS
	DEG 7 196	1 R.D.	BE Falmer	Willi	Grand Fra	und Um	2108/	beardy &

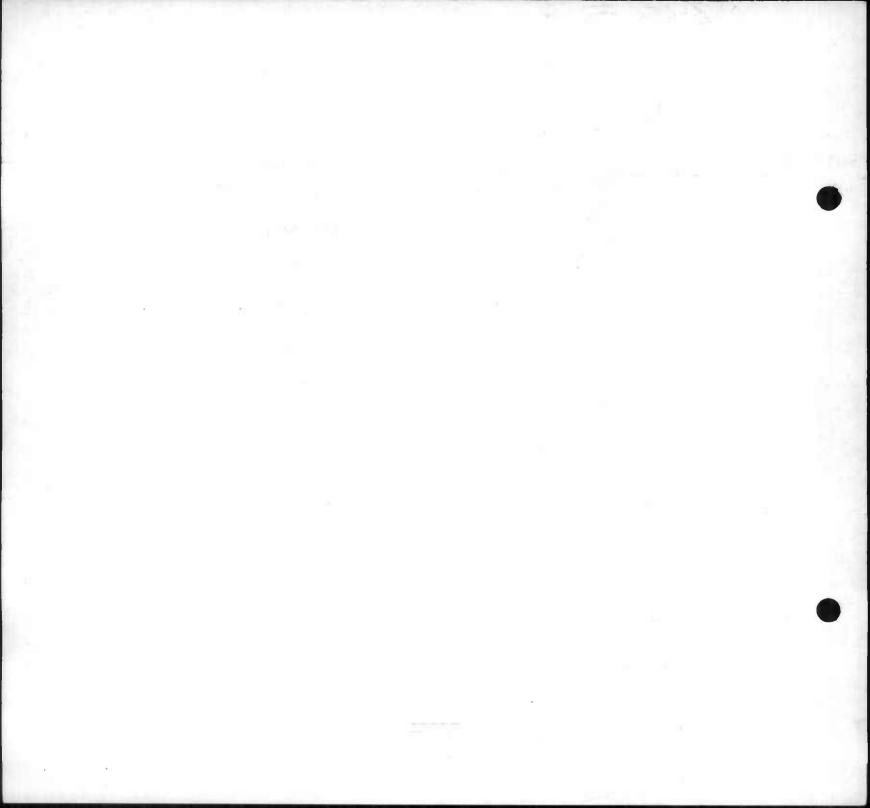


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

T	3-bil O om darion BA	LTIMORE CITY HEALTH DEPARTMENT		67 11722
BIRTH	No. CASE NO.	ERTIFICATE OF DEATH	Registered Na	I I I have
1.NA (Type	or Print) Robert Brown	2. DATE AI	D HOUR OF DEATH	8-10 A.N
FU HC IN:	ILL NAME OF Oddress or location)  Saltware City Haspital.	C. CITY OR TOWN (IF or		tution: residence before admission
494	40 Eastern Avenue, Baltimore, Mary	a d d	Culloh Str	eet 21217
5. SE)		AARRIED B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done o	JSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES during most of working life, even if retired)	Maryland		12. CITIZEN OF WHAT COUNTRY?
5. W	Robert  Sos Decessed Ever in U. S. Armed Forces?  The or unknown (If yes, give wor or dotes of service)  SECU	AL RITY NO.  14. MOTHER'S MAIDEN NA  Martic  17. INFORMANT Records:		ern Address 2124
( ) i	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, astherio, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION (ast.)	CAUSE OF DEATH  (A)  DUE TO  (B)  DUE TO  (C)  Rencl Failu	na of Prostate	INTERVAL BETWEEN ONSET AND DEATH
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  9A. DATE OF OPERATION 19B. CONDITION FOR WHICH O WAS PERFORMED OR CONTRIBUTING CAUSE OF C	OF INJURY (e.d., of or about 21C. WHERE DID factory, street, office bidg., INJURY OCCUR?		
t	22. I certify that (I) (this hospital) attended the deced that (I) (we) last saw the deceased alive an	2/6/17 19 and t		an death accurred an the date 238, DATE SIGNED
24A.	BURIAL CREMATION, 124B. DATE 24C. NAME of CREMOVAL (Specify)  DURIAL (Specify)  DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIST  DEC 7 1967 Robert State		Arbutus,	ore Maryland 21224 town, or county) (Stote)

Distrigued (for an institute) between 11-13-67 Propert Ch. small burgsy. Yes 10 A T. O. ST. A STATE OF S

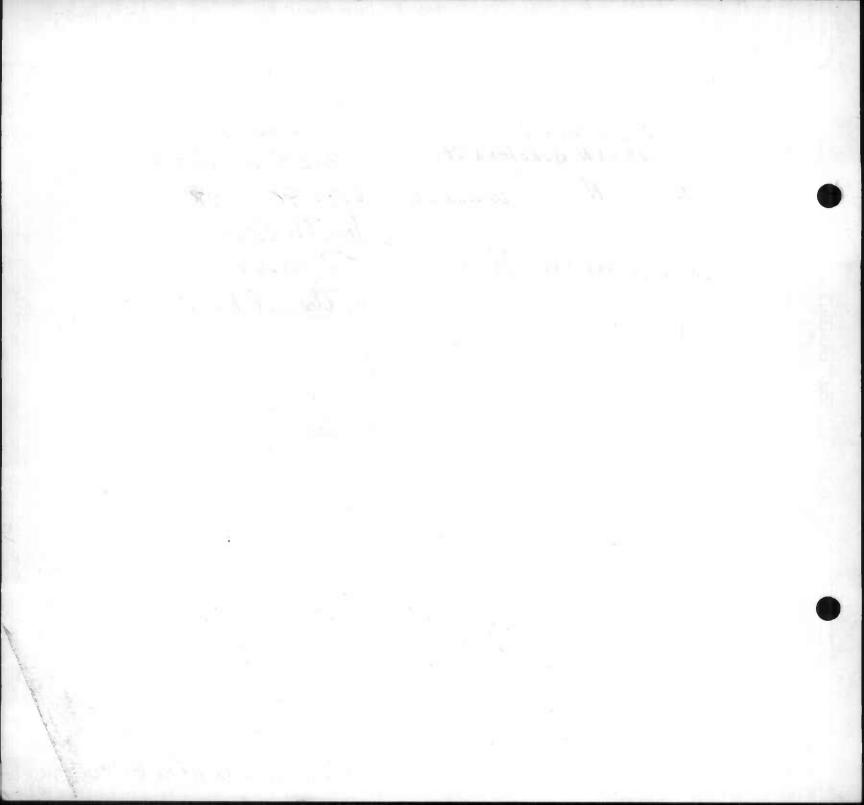
BIRT	3-650	67	11723 CERTIFICA	TE OF DEATH	Registered Na	67 11723
1, N	CASE NO. AME OF DECEAS e ar Print)	ED	RTRUDE BROWN	2. DATE A	ND HOUR OF DEATH EMBER 4,19	67   3 A.M.
F	ULL NAME OF	(If not in haspital	or institution, give street	A. STATE B. COUL	N TY	
	IOSPITAL OR NSTITUTION	1537 Nor	th Wolfe Street	BALTIMORE D. STREET ADDRESS (IF	21213  rural, give location)	RURAL and give to makip)
	00		T AAA DRIFT NEWER AAA BRIED	1537 North	Wolfe Str	eet
5. S	F	W	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARTIEC	May 5,1914	lost bighday)	Months Days Hours Min.
done		ing life, even if retired)	at home	Baltimore,		12. CITIZEN OF WHAT COUNTRY?  USA
13. 1	FATHERS NAME Willi	am Smith		14. MOTHER'S MAIDEN NA Minni	e Hu <b>rt</b>	
15. V (Yes	Nos Deceased Eve no or unknown) (If	er in U. S. Armed For yes, give war ar date	ces? s of service) 16. SOCIAL SECURITY NO. 214 20 4335	17. INFORMANT Mr Lawrence	H. Brown	1537 North SR. Wolfe Street
	DISEASE ( LE) (This does not	OR CONDITION DIR ADING TO DEATH mean the made of henia, etc. II means	CAUSE OF		2 0	INTERVAL BETWEEN ONSET AND DEATH
	AN' DISEASES OR rise to the	colion which coused TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION lost.	(B) DUE TO	<i>V</i>		
ATION	TO THE DEAT	ANT CONDITIONS C TH BUT NOT RELA NDITION CAUSING I	TED TO THE			
ERTIFICATION			DITION FOR WHICH OPERATION	NO NO	10) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
AL C	21A. ACCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING CAUSE OF	21 B. PLACE OF INJURY (e.g., ir home, farm, factory, street, at etc.)		(If in Baltimar	e City, give exact lacation)
MEDIC	21D. TIME (A OF INJURY (APPROX.)	Aanth) (Day) (Year)	(Hour) 21E, INJURY OCCURRED  While At	21F. HOW DID IN	JURY OCCUR?	
11	that (1) <del>(we)</del> la	st saw the decease	attended the deceased fram and alive an	196 and t		19 E Z
	23A. SIGNATURE 23C. PHYSICIAMS WAME (Type	4 R.	Electo M.D. Atte	ending Med. Signature Director 23D. ADDRESS	Stoff Phys.   Bank Stree	12/5/67
24A	BURIAL CREMA	TION, 24B. DATE				ity, tawn, or county) (State)
	BURIAL L. DATE REC'D BY	12/7/	67 BALTIMORE CEM	ETERY  25C. FUNERAL DIRECTO HENRY S.	BALTIMORE ÄNDER & SO	MARYLAND NS INC.
VS	DEC 7	1967 R.C.	BE, Jakey ME	BALTIMO	RE MARYLAN	



4. USUAL RESIDENCE (Where deceased fived, If institution; residence before admission) (If outside city limits, write RURAL and give township If Under 24 Hrs. If Under 1 Yr. Months: Doys 12. CITIZEN OF WHAT COUNTRY? ADDRESS MD. 820-00-16 RECORDS: BCH 4940 EASTERN AVE. BALTO. 2122 INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 67 and that in (my) (our) opinion death accurred on the date the body was released 23B. DATE SIGNED 12/5/67 BALTIMORE 21224. W.D. BARTIMORE CITY HOSPITALS 4940 EASTERN AVENUE eceased 0.0 shows: buy Cenelery 258. NAME OF REGISTRAR DELINA Was 25G. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65

Vaginia

V\$ 150-REV. 1/1/65



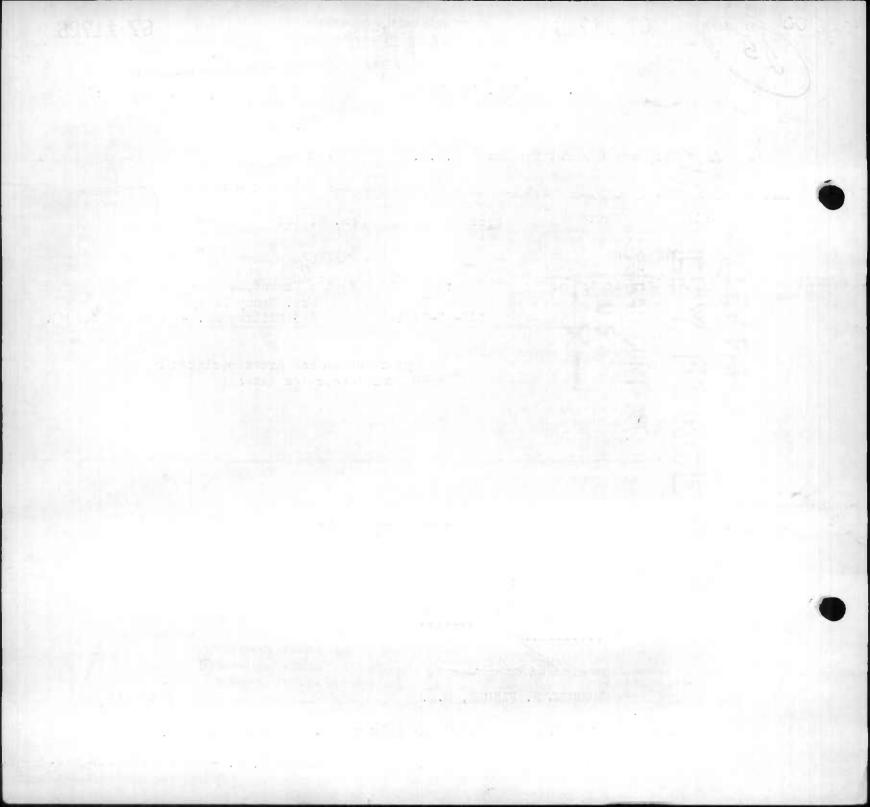
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67 11726

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 11726

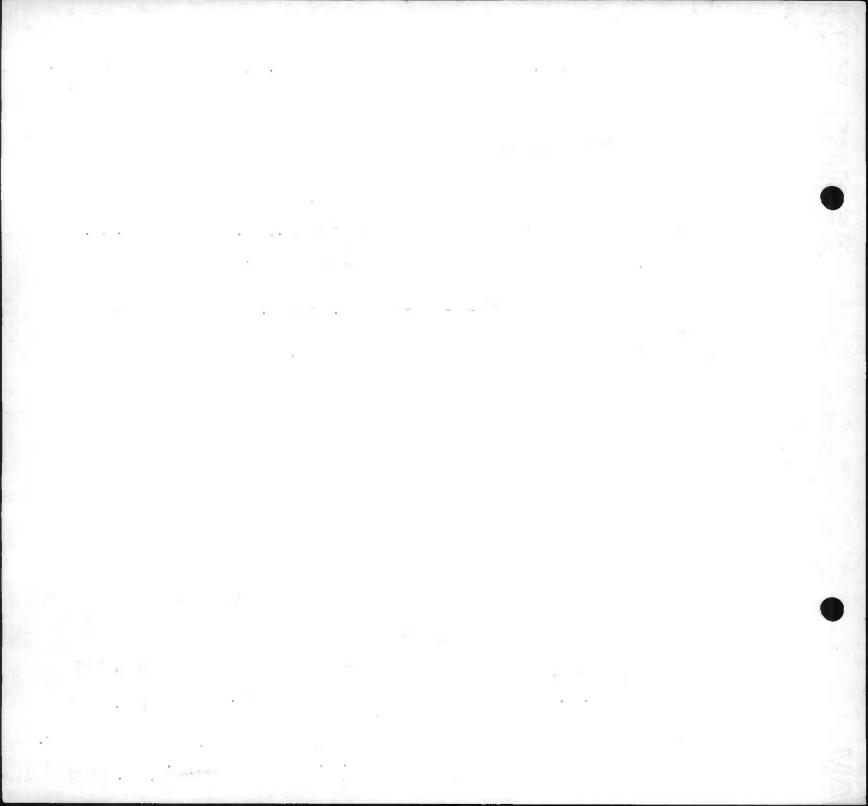
M.	E. CASE NO.					
17.	NAME OF DECEASED			2. DATE AN	D HOUR PRONOUNCED	DEAD
'	DR. HENRY W.	SCHEYE		Decem	mber 5, 1967	15:50 p M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	INCED DEAD	4. USUAL RESIDE			nt residence perote odmis sion)
HH(	LL NAME OF (IF NOT IN HOSPITAL OR INSTITU	ITION, GIVE STREET	Ma	ryland	e corporate limits, write RU	Dals Ca.
4	Maryland General Hospita	al D.O.A.	Balt D. STREET ADDR	imore ESS (If rurol,	give location)	53-00
- Section	0.0		845 F	ill To	n Road	-24
5.		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years If	Under 1 Yr. If Under 24 Hrs.
		DIVORCED (specify)				onths Doys Hours Min.
	Male White Ma Not Work TOB KIND OF WORK TOB KIND OF	arried	Jan. 8,	1914	53	CITIZEN OF
	ne during most of working life, even if retired)	BOSINESS OR INDOSTRI	J. H. BIRTINE AGE	siote of lotery	gir coomiy,	WHAT COUNTRY?
12	Physician FATHER'S NAME		German	V NAMA	E	
13.	PAINERS NAME		14. MOTHER'S MI	AIDEN NAM		
L	Ernest Scheye		Sophie	Freun	d	
	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT	Irs. He	nry Scheye	DRESS
		216-46-5841			ltop Rd Cat	onsville, Md.
	18. // // 2 /		OF DEATH			INTERVAL BETWEEN
	779					ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Hyne	rtensive a	nd Art	eriosclerotic	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	1/1/	ardiovascu		********************************	
	AUTEODEUT , CAUSES					
	DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO				
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DOE 10				
z		(C)				
2	11					
FICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT.					
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION		(Yes or No)	208. IF YES, WERE FINDIN	
4	21A. EXTERNAL CAUSE WAS 218,	PLACE OF INJURY (e.g.	in or obout 21C. W	HERE DID	(If in Boltimore City, give e	xoct location)
FDIC	OUNDERLYING OR CONTRIB-	, form, foctory, street, c	office bldg., INJURY	OCCUR?	, grow	
2	21D TIME (Month) (Doy) (Year) I Hour) 2	IE INJURY OCCURRED	21 F. HC	M DID INT	URY OCCUR?	
	(APPROX.)	WHILE AT NOT	WHILE ORK			
	22. I certify that I held on Inquiry	Inspection X Aut	ropsy	that on th	is bosis, deoth in my o	pinion
	resulted from: Natural couses XX	ccident Suicid	e Homicia	de 🗌 🔠	Undetermined monner	
	7.1		CHIEF ME	DICAL EX	CAMINER X	
	ACTUAL (1)	0 -	ASSISTANT ME	FDICAL EX	KAMINER 🖺	DATE SIGNED
	SIGNATURE EXAMINER'S	M. D.	ASSOCIATE M			
	NAME (Type) RUSSELL S. FIS	HER M D	ASSOCIATE M	LUICAL L		ember 6, 1967
	ROUGHIN OF 110	C. NAME OF CEMETERY	CREMATORY	23 D. L		rn, or county) (Stote)
	Burial 12/7/67	Baltimore He			altimore, Md.	
24		OF REGISTRAR	24C. FUNERA			ADDRESS
	DEC 7 1967 R.C.	5 E. Farbey MA	W	itzke F	. D 4101 E	dmondson Ave.



was in regular attendance on the

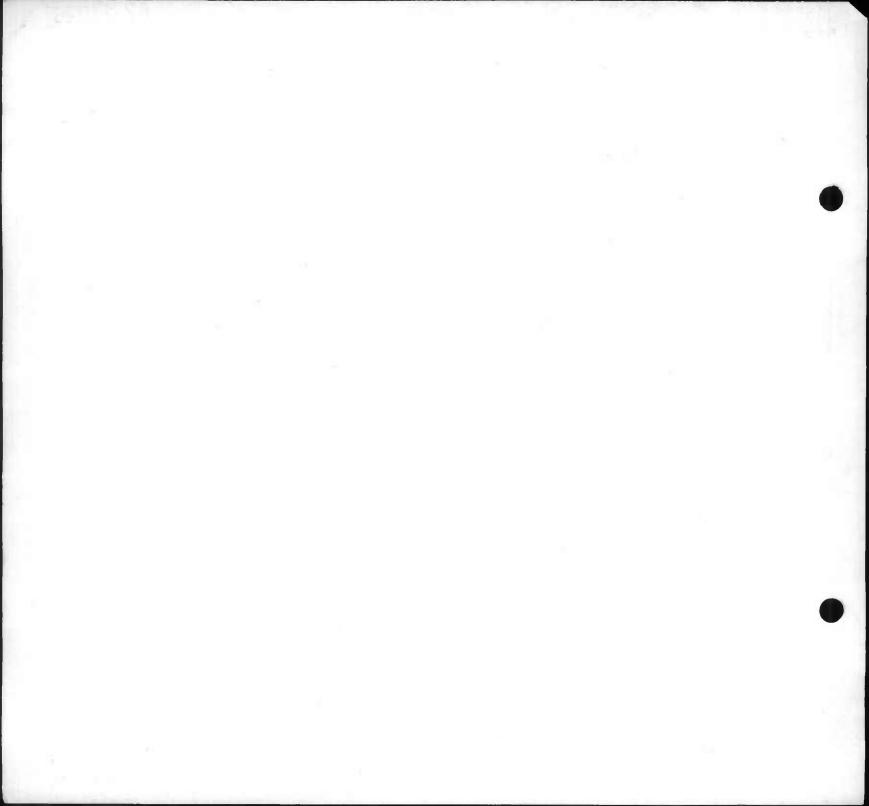
	AME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Тур	Kathryn LACE OF DEATH IN BALTIMORE, MA	A. Stidman	Dec. 5, 1967  4. USUAL RESIDENCE (Where deceased lived. It institution: residence)	6:00 a.
F	FULL NAME OF (If not in hospital	or institution, give street	Maruland 8. COUNTY	38
	NSTITUTION		C. CITY OR TOWN (If outside city limits, write RURAL and g Baltimore	ive township)
	00 5513 The A	lameda	D. STREET ADDRESS (If rurol, give location) 5513 The Alameda	
5. S	F W	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	B. DATE OF BIRTH  9. AGE (In years lost birthday)  JULY 10, 1881  RY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN	
done	during most of working life, even if retired) Housewife	Own Home	Carroll Co., Md. U.	S.A.
	FATHERS NAME Tobias C. Stocksdale		14. MOTHER'S MAIDEN NAME Clara Belle Horner	
5. V Yes	Was Deceased Ever in U. S. Armed Fo s, no or unknown) (If yes, give wor or dot	es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	DDRESS
	No 18. / 6-0 O	219-22-2367-1 CAUSI	OF DEATH IN	TERVAL BETWEEN
	DISEASE OR CONDITION DI LEADING TO DEATH (This does not meen the mode of heart foilure, ostherio, etc., It meons injury or complication which coused ANTECEDENT CAUSE:	dying, e.g., DUE TO sthe disease, d deoth.)	eriosclerosis, generalized; stroke (196	60) (?)
	DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.	ony, giving		
NOI	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL			
TIFICATION	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS OF IN CERTIFYING CAUSES OF DE	O NSIDERED ATH?
AL CERTIFIC	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE IT.  NOTITION FOR WHICH OPERATION REFORMED  218. PLACE OF INJURY (e.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS COOR IN CERTIFYING CAUSES OF DE.  g., in or obout 21 C. WHERE DID (If in Boltimore City, give of the bldg., INJURY OCCUR?	
DICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19.A. DATE OF OPERATION 19.B. COI WAS PEI  21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	ATED TO THE IT.  NOTITION FOR WHICH OPERATION REFORMED  21B. PLACE OF INJURY (e. home, form, foctory, stree etc.)  (Hour) 21E. INJURY OCCURRED	g, in or about 21C. WHERE DID , office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING  19.A. DATE OF OPERATION  21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21.D. TIME OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) last saw the deceas	ATED TO THE IT.  NOTITION FOR WHICH OPERATION REFORMED  218. PLACE OF INJURY (e. home, form, foctory, stree etc.)  (Hour) 21E. INJURY OCCURRED While At Not Work  While At Not Work  at ) attended the deceased fram ded alive an Nov 28	g, in or obout 21C. WHERE DID (If in Boltimore City, give of solding), office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  While ork  19 67 to Dec 5  19 67 and that in(my) (aur) apinian death	exoct locotion)
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION  19B. COI WAS PEI  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital	ATED TO THE IT.  NOTITION FOR WHICH OPERATION REFORMED  218. PLACE OF INJURY (e. home, form, foctory, stree etc.)  (Hour) 21E. INJURY OCCURRED While At Not Work  While At Not Work  at ) attended the deceased fram ded alive an Nov 28	g, in or obout 21C. WHERE DID (If in Boltimore City, give of solding), office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  While ork  19 67 to Dec 5  19 67 and that in(my) (aur) apinian death	
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING  19A.DATE OF OPERATION  21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (I) (this hospital that (I) (we) last saw the deceas and haur and fram the causes sta	ATED TO THE IT.  NOTITION FOR WHICH OPERATION REFORMED  218. PLACE OF INJURY (e. home, form, foctory, stree etc.)  (Hour) 21E. INJURY OCCURRED While At Not Work  While At Not Work  at ) attended the deceased fram ded alive an Nov 28	g, in or obout 21C. WHERE DID (If in Boltimore City, give of injury occur?)  21F. HOW DID INJURY OCCUR?  While ork  19 67 and that in (my) (aur) apinian death the view the bady ofter death.	19 67. accurred an the
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING  19A.DATE OF OPERATION  21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (I) (this hospital that (I) (we) last saw the deceas and haur and fram the causes sta	ATED TO THE INDITION FOR WHICH OPERATION REFORMED  218. PLACE OF INJURY (e. home, form, foctory, stree etc.)  (Hour) 21E. INJURY OCCURRED While At Not Work At	g, in or obout 21C. WHERE DID (If in Boltimore City, give a state of the bidg.)  21F. HOW DID INJURY OCCUR?  White ork  19 67 to Dec 5  19 67 and that in (my) (aur) apinian death to view the bady ofter death.	19.67
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION  19B. COI WAS PEI  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) last saw the deceas and haur and fram the causes sta	ATED TO THE INDITION FOR WHICH OPERATION REFORMED  218. PLACE OF INJURY (e. home, form, foctory, stree etc.)  (Hour) 21E. INJURY OCCURRED While At Not Work At	g, in or obout 21C. WHERE DID (If in Boltimore City, give of instructions), office bldg.  21F. HOW DID INJURY OCCUR?  While   21F. HOW DID INJURY OCCUR?  While   19 67 to Dec 5    19 67 and that in (my) (aur) apinian death of the view the bady ofter death.  Attending   Med.   Stoff   Dec 5    Attending   Med.   Director   Phys.   Dec 5    23D. ADDRESS   23D. ADDRESS   5510 Roland Ave.   Baltimore, Md.	19.67

19.67. an the date



FUNERAL DIRECTOR: IMPORTANT	•	25
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	h occurred in a hospital and	7
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	contributing cause of death	ام
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	stermined cause; (5) Deceased	0
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	n regular attendance on the	
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	ceased prior to death. Such	

		67 11720	BALTIMORE CITY	HEALTH DEPARTMENT	Y	67 11728
	BIRT	H NO. (1)	CERTIFICA	TE OF DEATH	Registered Na	THE TRACE
		AME OF DECEASED	-		ND HOUR OF DEATH	
	(Тур	e or Print) Lillian Lather	ow Ken	m5 /	2-4-67	AA.
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	7,000		ere deceased lived, If institu	tion: residence before admission)
		ULL NAME OF (If not in hospital or institution, give str	eet	Tenns4/	VANIA	
	H 11	HOSPITAL OR oddress or location) NSTITUTION			tside city limits, write RUR	AL and give township)
		0- 11 11	1/	D. STREET ADDRESS (III	, med sine leastion	V - 55
•		90 HAVEN NURSING +	tome	D. STREET ADDRESS _ (IF	rurol, give locotion)	
pp	5. S	EX 6. RACE , 7. MARRIED, NEVER	MARRIED	B. DATE OF BIRTH	9. AGE (In years If	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
E	Fe	emale White Widower, Divo	ORCED (specify)	10-7-1876	lost birthdoy) M	onths Doys Hours Min,
1 15		USUAL OCCUPATION Give kind of work 108, KIND OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country) 1	2. CITIZEN OF WHAT COUNTRY?
disposition	done	e during most of working life, even if retired)		Tamp		1151
SIL	13. F	AT Home		4. MOTHER'S MAIDEN NA	ME	01371
Spo		LATHEROW		Footon		
	15. V	Was Deceased Ever in U. S. Armed Forces? 16. SC	CIAL	7. INFORMANT		ADDRESS
ם	(Yes	s, no or unknown) (If yes, give wor or dotes of service) SE	CURITY NO.	1.11	611 - 149	
T	$\vdash$	18.	CAUSE OF	DEATH		TROIT MICHIGAN
0		DISEASE OR CONDITION DIRECTLY	5,1002 01	6 / -	48205	ONSET AND DEATH
per		LEADING TO DEATH	(A)	I mforme	lier Tag	2_
<u>B</u>		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	^ /	a att att	
E E		injury or camplication which coused death.)	/	Maria C.	1 Caples	Melini
0		ANTECEDENT CAUSES	DUE TO	and a		
are		DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the				
		UNDERLYING CONDITION lost.	(C)			
remains		11		·		
9	107	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
9	CAI	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES WERE FINE	DINGS CONSIDERED
e the	TIFE	WAS PERFORMED			O) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE	S OF DEATH?
ore	CE	OR CONTRIBUTING CAUSE OF Lore, former, form	OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore Ci	ty, give exact location)
petore	CAL	DEATH (notify medical examiner) etc.)	i, foctory, street, offi	ce bldg., INJURY OCCUR?		
	<u>ā</u>	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJUE	RY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
ained	11 > 1	(APPROX.) While At Work	Not While			
pta		22. I certify that (I) (this hospital) attended the dec		to ht	19 6 710 BC	19.67.
0	II - I	that (I) (we) last saw the deceased alive an		19 and +1		n death accurred an the date
0	II I	and haur and from the causes stated above. (1) (We)				a do an a decontrat on the done
must	II l	23A. SIGNATURE	(010) (010 1101) VI	ew the body offer death.		B, DATE SIGNED
		Wal Shot I let	M.D. Atter		Stott /	2-5-67
2		23C. PHYSICIAN'S	, v	3D. ADDRESS	Phys/	0)01
010		NAME (Type)	M.D.			·
approval	24A	BURIAL CREMATION, 248. DATE 24C.NAME of	CEMETERY OF CRE	MATORY 24D. 1	LOCATION (City,	own, or county) (State)
		REMOVAL (Specify)	1: 1	1 0	Aldress M	-/
114	25A	DURIAL 12-6-6 / Wood /	AWN (em	25C. UNERAL DIRECTO	HLTIMORE, M	ADDRESS .
written		W 1000 0 0 7 0	ey M.A	Elkworth A.	emacact-H.	s/hoat Pl
*	VS 1	150-REV. 1/1/65		DIS DUKTA / T	11170051 760	DHUCKIY /10



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

4	5-741)			BALTIMORE CITY	HEALTH DEPARTMENT		07 11700
BIRT	TH NO.	67 1	1729	CERTIFICA	TE OF DEATH	Registered Na.	67 11729
1. N	E CASE NO.		Z. 1 140 C)			AND HOUR OF DEATH	
(Тур	se or Print) Sie Qu	e ma	ru	1423	12	-6-1967	9; 10 Am
3. F	PLACE OF DEATH IN SAL	TIMORE, MARYLA	ND		A. STATE B. CO	Where deceased lived. If i	nstitution: residence before odmission)
- 1		ot in hospitol or ins ess or locotion)	tilution, give str	eet		f outside city limits, write	RURAL ond give to enship)
1	MONTEBELL	OSTATE	HOSP.		Baltimore		The same of
/			V			(If rurol, give tocotion) oferey Road	/
5. \$	F	N "	VIDOWED, DIV	ORCED (specify)	8. DATE OF BIRTH 10-26-1883	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (G e during most of working life, Housewife		KIND OF BUSIN	IESS OR INDUSTRY	11. BIRTHPLACE (State or Baltimore	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	- , , ,			14. MOTHER'S MAIDEN	NAME	
	William R	ietdorf'			Kate Mi	Cullough	
15. (Ye:	Wos Deceased Ever in U. s, no or unknown) (If yes, giv	S. Armed Forces? ve wor or dates of	service) 1 6. SC	CURITY NO.	17. INFORMANT		ADDRESS
	No		21	8-52-2282		le 3718 Monte	erey Rd. 21218
	1B. H22.1	1		CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
		NDITION DIRECTL TO DEATH	.Υ	P	1+1	Parane.	0
	(This does not mean t		g, e.g.,	DUE TO	S.C. V. D wi	, Michiel	<u>L</u>
	heart failure, osthenia, injury ar complication v			11.	2010		753
		NT CAUSES	11.7	(B) #	>. C. V. D we	ih C. H +	
	DISEASES OR COND		ainia a	DUE TO			
	rise to the above	couse (A) sloti		(C)			
	UNDERLYING CONDIT	ION lost.					
ATION	OTHER SIGNIFICANT CO TO THE DEATH BU DISEASE OR CONDITION	T NOT RELATED	RIBUTING TO THE				
	19A. DATE OF OPERATIO	N 198. CONDITIO		OPERATION	20 A. AUTOPSY? (Yes o	Nol 208. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	2	WAS PERFORM	ED		yes	IN CERTIFYING CA	AUSES OF DEATH?
AL C	21A. ACCIDENT WAS U OR CONTRIBUTING C DEATH (notify medical ex	AUSE OF	21B. PLACI home, form etc.)	E OF INJURY (e.g., in factory, street, of	or obout 21 COWHERE DI fice bldg., INJURY OCCUP	O (If in Boltimo	re City, give exact facation)
DIC		(Doy) (Year) (Ha	our) 21 E. INJUI	RY OCCURRED	21F. HOW DID	INJURY OCCUR?	×
ME	(APPROX.)		While At Work	Not While At Work			
	22. I certify that (I) (t	his haspital) att	ended the dec	eased from 7	- 12 -	1965 to 1	2-6-1967
	that (1) (we) last saw	the deceased al	ive an 12	- 6 -	19.6.7 and		inian death accurred an the date
	and have and from the	causes stated a	bave. (I) (We)	(did) (did nat) v	iew the bady after dea	th.	
	23A. SIGNATURE	V	9	/	./		23B, DATE SIGNED
	going	Mea	dew		nding Med. Director	Staff Phys.	12-6-1967
	PAME (Type)	9 HEA	LEW	/ M.D.	Montabell	state 1	losp Balt, HD
244	BURIAL CREMATION,	DATE		CEMETERY OF CRE		D. LOCATION (C	City, town, or countyl (State)
	Burial	12/9/67 <b>v</b>	Balti	imore Ceme	tery	Baltimore, Mo	1.
254	DEC 7 19	Toler	NAME OF REG	STRAR CCUM.	Wm. Cook-B1	TOR	ADDRESS 217 St. Paul St.
-	100 5011 1/1/10				The Court B.	,	

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(Тур	AME OF DEC e or Print)	FRANK	N. 1	PIEPER		Dece	ember 6, 1967	1 2 30 P
F	TULL NAME OF DEAD OF THE PROPERTY OF THE PROPE	F (If not	in hospitol o s ar lacation	or institution,	give street	4. USUAL RESIDENCE (A. STATE B. C	Where deceased lived. If io OUNTY  If autside city limits, write  (If rurol, give lacation)	RURAL and give
5. S	EX Vale	6. RACE White		WIDOWE	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Manths Doys Haurs M
				10B. KIND OF	OWED	2/27/81 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Tithog			Pr	inting	Maryland		USA
	Lithor			4.1	THOTHE	14. MOTHER'S MAIDEN	NAME	0011
A	ugust	Pieper	•			Unknow	n	
	Nos Deceased				1 6. SOCIAL SECURITY NO.	17. INFORMANT	ALL OF THE PARTY O	ADDRESS
						4 Mr. John	Pieper- 600	1 Sycamore Rd.
	18.33/	X41	177	X	CAUSE	)F DEATH		INTERVAL BETWEEN
	DISEAS	LEADING TO		ECTLY	1'2.	hallo-	as how	4-5 day
		ol meon the	mode of		DUE TO	graf nemo	nuye	4 5 2109
		osthenio, etc. aplication whi			wat	na a sa lerom	68	
	,	ANTECEDENT	CAUSES		(B) (C) (C)			
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		R CONDITIO			(5)	enelety		
	rise to the	OR CONDITION  OF CONDITION  OF CONDITION	ouse (A)		(c) /	bal heme no scleron		
ATION	OTHER SIGNI	e obove co	DITIONS C	SIDING THE		na prosti		
RTIFICATION	OTHER SIGNI	B OBOVE CO G CONDITION INTERPRETATION CONDITION CONDITIO	DITIONS CONOT RELA	Sloting The ONTRIBUTIN TED TO TH T. DITION FOR		na prosti		FINDINGS CONSIDERED
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DICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF OR CONTRIBL DEATH (notify	E OBOVE CO CONDITION  IFICANT CON EATH BUT CONDITION CONDITION COPERATION  NT WAS UND JTING CAU	DITIONS C NOT RELA CAUSING I' 19B. CONI WAS PERF	ONTRIBUTIN TED TO TH T. DITION FOR V ORMED	G CALLINON WHICH OPERATION  PLACE OF INJURY (e.g., ne, form, foctory, street, or	20A. AUTOPSY? (Yes of	T /e  17 No. 208. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?
DICAL CERTIFIC	OTHER SIGNITO THE DISEASE OR 19A. DATE OF 2TA. ACCIDED OR CONTRIBUDEATH (notify	E OBOVE CO CONDITION  FICANT CON EATH BUT CONDITION  OPERATION  NT WAS UND  JTING CAU  medical exam	DITIONS C NOT RELA CAUSING I' 19B. CONI WAS PERF	ONTRIBUTIN TO THE TO TO THE TO ORMED 21B hometc.	GE CALLINON WHICH OPERATION  PLACE OF INJURY (e.g., re, form, foctory, street, re) INJURY OCCURRED file At Not Whi	20A. AUTOPSY? (Yes of processing of colour processi	or No. 208. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?
MEDICAL CERTIFIC	OTHER SIGNITO THE DISEASE OR 19A. DATE OF OR CONTRIBL DEATH (notify 121D. TIME OF INJURY (APPROX.)	e obove co G CONDITION  II  IFICANT CON EATH BUT CONDITION  OPERATION  NT WAS UND JTING CAU medical exam  (Manth) (Do	DITIONS CONTROL OF THE PROPERTY OF THE PROPERT	ONTRIBUTINTED TO THE TOTAL TOT	WHICH OPERATION  PLACE OF INJURY (e.g., e., form, foctory, street, e.)  INJURY OCCURRED itle At Not White	20A. AUTOPSY? (Yes of processing of colour processi	or No. 208. IF YES, WERE IN CERTIFYING CA	re City, give exact lacation)
MEDICAL CERTIFIC	OTHER SIGNITO THE DISEASE OR 19A. DATE OF OR CONTRIBL DEATH (notify 121D. TIME OF INJURY (APPROX.)	FICANT CON EATH BUT CONDITION OPERATION  NT WAS UND JING CAU medical exam  (Manth) (Date of the first condition) (Manth) (Mant	DITIONS C NOT RELA CAU SING I' 198. CONI WAS PERF ERLYING SE OF siner)	ONTRIBUTIN TE TO TH TE ORMED  21B hom etc. (Hour) Ottended t	WHICH OPERATION  PLACE OF INJURY (e.g., ne, farm, foctory, street, or ne)  INJURY OCCURRED  ILLE AT Not Which the Mark Wark	20A. AUTOPSY? (Yes of particular property) (Yes of particular part	D (If in Boltimo	re City, give exact lacation)
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (1) (wee)	FICANT CONDITION  FICANT CONDITION  FATH BUT  CONDITION  OPERATION  NT WAS UND  JTING CAU  medical exam  (Manth) (Da  thot (I) (this	DITIONS CONT RELACTORY REPRESENTATION OF THE PROPERTY OF THE P	ONTRIBUTIN TED TO TH T. DITION FOR YOUR CORMED  21B harmetc. (Hour) 21E. Wh Wa ) ottended t d olive on	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, or injury occurred he deceosed from the	20A. AUTOPSY? (Yes of particular property) (Yes of particular part	INJURY OCCUR?	re City, give exact lacation)
MEDICAL CERTIFIC	OTHER SIGNITO THE DISEASE OR 19A. DATE OF OR CONTRIBL DEATH (natify (APPROX.)  21 Certify that (1) (we) and hour one 23A. SIGNATU	FICANT CONDITION  FICANT CONDITION  OPERATION  NT WAS UND  JTING CAU  medical exam  (Manth) (Da  thot (I) (this	DITIONS CONT RELACTORY REPRESENTATION OF THE PROPERTY OF THE P	ONTRIBUTIN TED TO TH T. DITION FOR ORMED  21B horn etc. (Hour) 21E. Wh wa ) ottended t d olive on	WHICH OPERATION  PLACE OF INJURY (e.g., ne, farm, foctory, street, or ne)  INJURY OCCURRED  ile At Not Whith the deceased from the deceased from the deceased from the company (did not)  M.D. At	20A. AUTOPSY? (Yes of	INJURY OCCUR?	re City, give exact lacation)
MEDICAL CERTIFIC	OTHER SIGNI TO THE DISEASE OR 19A. DATE OF 21A. ACCIDED OR CONTRIBL DEATH (notify 21D. TIME 21D. TIME 22C. I certify ond hour one 23A. SIGNATU 23C. PHYSICIA NAME (T	FICANT CONDITION  FICANT CONDITION  OPERATION  OPERATION  OPERATION  OPERATION  (Manth) (Do  that (I) (this  lost saw that  d from the co	DITIONS C NOT RELA CAU SING I' 198. CONI WAS PERF ERRLYING SE OF siner) (Year)	ONTRIBUTIN TED TO TH T. DITION FOR 10 ORMED  21B harr etc. (Hour) ) ottended t d olive on ed obove. (I	WHICH OPERATION  PLACE OF INJURY (e.g., ne, farm, foctory, street, or ne)  INJURY OCCURRED  ile At Not Whith the deceased from the deceased from the deceased from the company (did not)  M.D. At	20A. AUTOPSY? (Yes of particular	D (If in Boltimore)  INJURY OCCUR?  INJURY OCCUR?  A to	re City, give exact location)  The City, give exact location and the location death occurred on the location death occurred death occurred on the location death occurred on the location death occurred
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19 A. DATE OF  21 A. ACCIDEN OR CONTRIBL DEATH (notify) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour one 23 A. SIGNATU 23 C. PHYSICIA NAME (T Dr. TO	FICANT CONDITION  FICANT CONDITION  FATH BUT  CONDITION  OPERATION  TWAS UND  JTING CAU  medical exam  (Manth) (Da  thot (I) (this  lost sow the  d from the co	DITIONS CONOT RELA CONOT RELA CONUNAS PERFORMAS PERFORMANCE	ONTRIBUTIN TED TO TH T. DITION FOR ORMED  21B horr etc.  (Hour) 21E Wh wo ) ottended t d olive on ed obove. (	WHICH OPERATION  PLACE OF INJURY (e.g., ne, farm, foctory, street, of the control	20A. AUTOPSY? (Yes of property of the property	INJURY OCCUR?  Stoff Phys.   Rd., Baltimor	re City, give exact location)  19 linion deoth occurred on the
MEDICAL CERTIFIC	OTHER SIGNI TO THE DISEASE OR 19A. DATE OF 21A. ACCIDED OR CONTRIBL DEATH (notify 21D. TIME 21D. TIME 22C. I certify ond hour one 23A. SIGNATU 23C. PHYSICIA NAME (T	FICANT CONDITION  FICANT CONDITION  FICANT CONDITION  OPERATION  OPERATION  OPERATION  (Manth) (Do  thot (I) (this  lost sow the  d from the co	DITIONS CONOT RELA CONOT RELA CONUNAS PERFORMAS PERFORMANCE	ONTRIBUTIN TED TO TH T. DITION FOR ORMED  21B horr etc.  (Hour) 21E Wh wo ) ottended t d olive on ed obove. (	WHICH OPERATION  PLACE OF INJURY (e.g., ne, farm, foctory, street, or ne)  INJURY OCCURRED  ile At Not Whith the deceased from the deceased from the deceased from the company (did not)  M.D. At	20A. AUTOPSY? (Yes of particular property) (Yes of particular property) (Yes of particular particul	D. LOCATION (C	inion deoth occurred on the
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF  2TA. ACCIDED OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour one 23A. SIGNATU  23C. PHYSICIA NAME (T Dr. TIME BURIAL CREE	FICANT CONDITION  FICANT CONDITION  FICANT CONDITION  OPERATION  OPERATION  OPERATION  (Manth) (Do  thot (I) (this  lost sow the  d from the co	DITIONS CONOT RELA CONOT RELA CONUNAS PERFORMAS PERFORMANCE	ONTRIBUTIN TED TO TH T. DITION FOR YOUR (Hour) 21E. Wh Wa ) ottended t d olive on ed obove. (I	WHICH OPERATION  PLACE OF INJURY (e.g., ne, form, foctory, street, or the first of the deceased from t	20A. AUTOPSY? (Yes of particular property) (Yes of particular property) (Yes of particular particul	D (If in Boltimore)  INJURY OCCUR?  INJURY OCCUR?  1955 to d that in(my) (arr) operth.  Stoff Phys.  Rd., Baltimore  Baltimore C	re City, give exact location)  Pec 6 19 6  inion death occurred on the 23B, DATE SIGNED

, an Company 

	occurred in a hospital and ontributing cause of death remined cause; (5) Deceased regular attendance on the ased prior to death. Such	is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	williell approval most be obtained before the remaills are elimpalitied of third disposition is

7-622 67 11734 BALTIM	ORE CITY HE	EALTH DEPARTMENT		67 11731
7-622 67 11731 CERT	IFICATI	E OF DEATH	Registered No	07 11.701
.E. CASE NO. NAME OF DECEASED		DATE	AND HOUR OF DEAT	4
ype or Printh	- 0 -		-	11/1/2 0
Tionay Lou na	1 580	12-	6 /	11.40
PLACE OF DEATH IN BALTIMORE, MARYLAND		STATE B. COL		institution; residence before odmissi
must be a second of the second		Md		
FULL NAME OF (If not in hospital or institution, give street oddress or location)			a neutral ante il Martin a conte	RURAL and give towership)
INSTITUTION	, IIc.	. CHI OR TOWN		KUKAL and give towark hip!
all 11 male 1 House	00	Dellimore	21218	1606
The Union Memorial Hospia	D.	. STREET ADDRESS	If rurol, give location)	6/
		3212	Califort	- 1.7
SEX 6. RACE 7. MARRIED, NEVER MARRIE	ED B.	DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 F
WIDOWED, DIVORCED (s	specify) -	2 711-189	lost birthdoy)	Months Doys Hours Min.
temple love morned		0-24 1010	77	
A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR	INDUSTRY 11.	BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF
ne during most of working life, even if retired)				WHAT COUNTRY?
Housewife		Georgia		USA
FATHER'S NAME	14.	MOTHER'S MAIDEN N	AME	
? Jones	ļ		Unkn	own
: 001102			O MARKA	
. Wos Deceased Ever in U. S. Armed Forces?		INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of service)	598	Mr. Richard	I. Trageser	(Same)
140	,,,,			(
18.// 20 / 1	CAUSE OF D	DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	ando	. C. T.: /.	A Reserve	
(This does not mean the made of duing a s	ILE TO	relevati les	Ch. Commerce Cond	
heart failure, asthenia, etc. It means the disease.				
injury or complication which caused death.)				. /
		1	· ~ .	4//
ANTECEDENT CAUSES (B)	oculo	myscorday.	infoce tion	4-6 hours
	ue TO	myscordier.	infoce trois	4-6 hours
DISEASES OR CONDITIONS, if ony, giving		myscorday.	infoce tion	4-6 hours
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)		mysceeded.	infoce lion	4-6 hours
DISEASES OR CONDITIONS, if ony, giving		mysceeded.	infore tion	4-6 hours
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.		mysceeded.	infoce tion	4-6 hours
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION tost.		myscordist	infoce tion	4-6 hours
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION tost.		myocardiel.	infouction	4-6 hours
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DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION tost.	TION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
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DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION tost.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERAT WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJ home, form, foctory, etc., 1 DEATH (notify medical examiner) 21E. INJURY OCCU	JURY (e.g., in or	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
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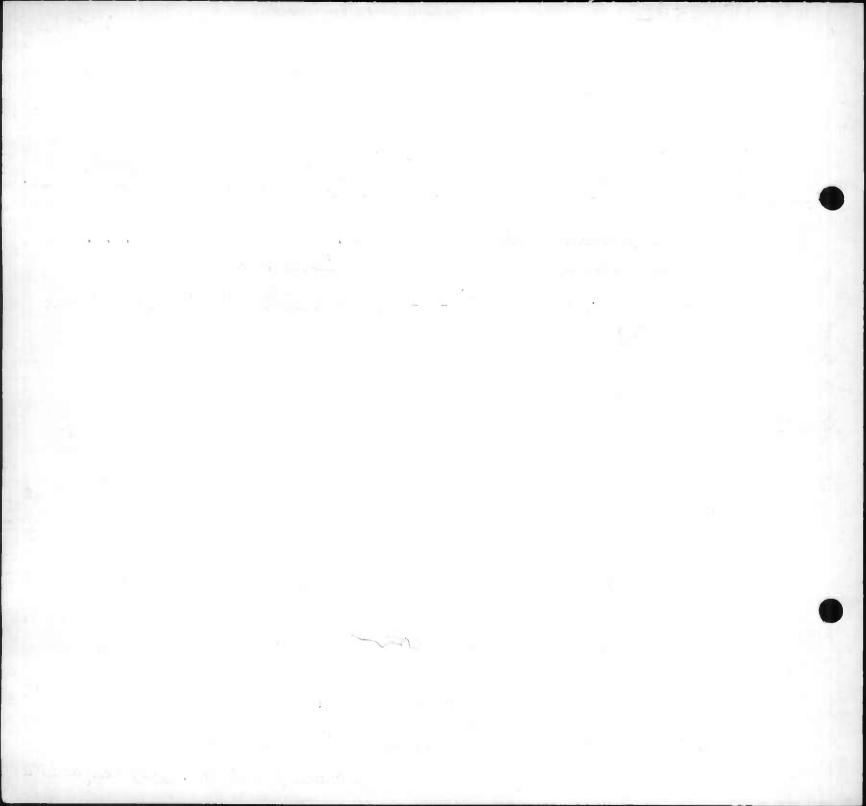
	death occurred in a hospital and to contributing cause of death Undetermined cause; (5) Deceased as in regular attendance on the deceased prior to death. Such sition is made.
IMPORTANT	Also, if the direct re of any kind; (4) nounced death wattendance on the Imed or final dispo
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be approte the body was released to the shows: (1) An accident of any was D.O.A. at a hospital (excidensed prior to death); and written approval must be obte

B-65	0 67	1100	BALTIMORE CITY	HEALTH DEPARTMEN	NT "LI Registered No.	67 11732	
IRTH NO.	07	11/0	CERTIFICA	TE OF DEAT	H Registered No.		
NAME OF DE				2. DA	TE AND HOUR OF DEATH		
Type or Print)	Clizabeth V.Br	rown		Dec	.6,1967 (Where deceased lived. If i	5:30 P.M	
PLACE OF DE	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE A. STATE B.	(Where deceased lived, If i	nstitution; residence before odmission)	
FILL NAME	OF Alfantia bassital	!*!***	ave sheet	Maryland			
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)			C. CITY OR TOWN (If outside city limits, write RURAL and give pyrachip)				
INSTITUTION	1506 Pentridg	e Rd		Baltimore 21212  D. STREET ADDRESS (If rurol, give location)			
00	1)00 I GH OLLUE	.0 104.					
00				1506 Pentr	Idma Pd		
, SEX	6. RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.	
Female	Whi.te	Singl	O, DIVORCED (specify)	Sept. 12,18	377 · lost birthdoy) 90	Manths Days Hours Min.	
	CUPATION (Give kind of work of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or fareign country)	12. CITIZEN OF WHAT COUNTRY?	
	School Teache	r		Maryland		U.S.A.	
3. FATHER'S NA		-		14. MOTHERS MAIDE	N NAME		
4.77	D.			Dalam and a second	Warran		
	pert Brown	2	11.6 500141	Edwardean	Wayson	ADDRESS	
es, no or unknow	ed Ever in U. S. Armed For	ces: s of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
No			220-44-2337	Miss Mabel		ame	
18. // >	011		CAUSE O			INTERVAL BETWEEN	
DISE	ASE OR CONDITION DIE	RECTLY	~		Λ.	ONSET AND DEATH	
	LEADING TO DEATH		(A) Clc	ute Cor	market Thomas	364	
	not mean the mode of		20110		7		
	e, osthenio, etc. II means implication which coused				V		
	ANTECEDENT CAUSES		(B)				
DISEASES	OR CONDITIONS, if	any oivina	DUE TO				
	he above cause (A)		(C)				
UNDERLYIN	NG CONDITION last.						
	- 11						
	NIFICANT CONDITIONS C DEATH BUT NOT RELA						
	R CONDITION CAUSING	IT.					
19A. DATE C	OF OPERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes	OF NO.	FINDINGS CONSIDERED AUSES OF DEATH?	
U 21 A. ACCID	ENT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., i	or obout 21 C. WHERE	DID (If in Boltimo	re City, give exact location)	
	BUTING CAUSE OF (ify medical examiner)	ham etc.	ne, form, factory, street, at	mice bidg., INJURT OCC	UK:		
)	(Manth) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	215 HOW 5	ID INJURY OCCUR?		
OF INJURY	(IVIanin) (Doy) (Feoil		ile At Not While		ID INJURI OCCUR:		
(APPROX.)		Wo	At Work				
22. I certif	y that (1) (t <del>his haspita</del>	t) ottended t	he deceased from		1965 to 16	2 - 6 1967	
	last sow the decease		) for the same	# h		inian deoth occurred on the do	
				- /			
	nd from the couses sta	ted obave. (	I) pre) (did) (did-not) v	new the body offer d	eoth.	23B, DATE SIGNED	
23A. SIGNAT	* 00 .	DID	A	anding T AAad	Stoff		
W	Milliam	Ben	an A Phy		Phy s.	12-7-67	
23C. PHYSIC	IAN'S (Type)		15	23D. ADDRESS			
IAWINE		Paner	M.D.	3506 N Cal	want St Ralts	mone Md	
4A. BURIAL CE	William REMATION, 24B, DATE	Benson 24C.N.	AME of CEMETERY of CR			more Md.  City, town, or county) (State)	
REMOVAL	(Specify)						
Buria.			ltimore Cemete			ore, Md.	
5A. DATE REC'	1967 Pulse	25B. NAME	OF REGISTRAR	Zeonard J		O5 Harford Rd	
/S 150-REV. 1/1	1/65			2001000			
- 130-NE ** 1/ 1							

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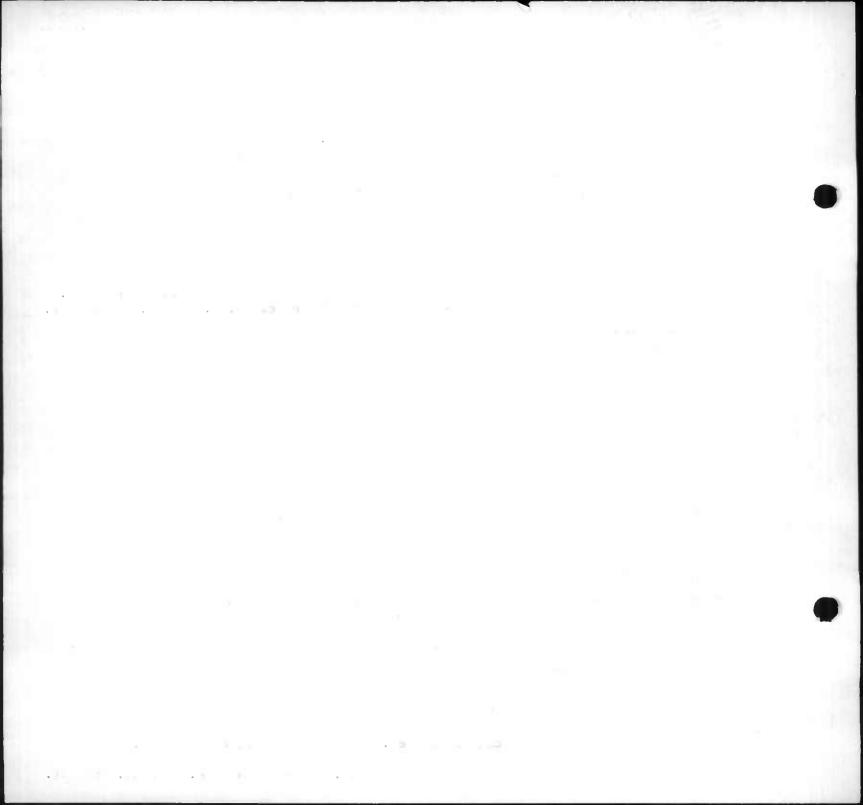
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	death occur t or contrik Undetermin as in regul e deceased
PORTANT	is assistant if o, if the direc f any kind; (4) nced death w endance on th
ECTOR: IM	xaminer or h xaminer. Als ) A fracture of who pronou regular atte
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in of the body was released to the hospital by a medical examiner. Also, if the direct or contributing classows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined causs was D.O.A. at a hospital (except where the physician who pronounced death was in regular atterdeceased prior to death); and (6) No physician was in regular attendance on the deceased prior twitten approval must be obtained before the remains are embalmed or final disposition is made.
	approved by the to the hospital f any nature; (2   (except where)); and (6) No pose obtained before
	This certificate must be the body was released t shows: (1) An accident o was D.O.A. at a hospita deceased prior to death written approval must b
	the body shows: (1) was D.O.A deceased written ap

1/-	.532 on 1000 B	ALTIMORE CITY HEALTH DEPART	MENT	797711
BIRTH	No. 6/ 11/33 C	ERTIFICATE OF DE	ATH Registered No.	592716.
1.NAA	AE OF DECEASED		, DATE AND HOUR OF DEATH	0/11/33
(Type	or Print) JOHN H. LINDSA	4	12/6/1967	8.10AM M.
3. PLA	CE OF DEATH IN BALTIMORE, MARYLAND	A. STATE	NCE (Where deceased lived. II inst B. COUNTY	itution; residence before admission)
HO	L NAME OF (If not in hospital or institution, give stree SPITAL OR oddiess or location)		(If outside city limits, write RU	PAI and give lavashing
112	TITUTION	Balt	7 more.	9-06
775	imai Hospital & Ba	16 mo 2 B. STREET ADDRES 3533	Hamera Cox	
5. SEX	6. RACE 7. MARRIED, NEVER I WIDOWED, DIVOR	CED (specify)	894 73	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
	SUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINES uring most of working life, even if retired)	S OR INDUSTRY 11. BIRTHPLACE (S	tote or foreign country)	12, CITIZEN OF WHAT COUNTRY?
Re	tired Engineer BEORR	Ill.		U.S.A.
13. FA	John O Lindsay	14. MOTHER'S MA	ra Hill	
(Yes, ny	s Deceased Ever in U. S. Armed Forces? 16. SOC	JRITY NO. 17. INFORMANT JRITY NO07-9377 December	Martha J Lind	say Addition
18	161 X	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CA Lary	mx in the	
(T	his does not mean the made of dying, e.g.,	DUE TO	mx with	
	eorl foilure, osthenio, etc. II meons the disease, jury or camplication which coused deoth.)	1.15.7	h a n 1	
	ANTECEDENT CAUSES	(B) 0 % Mica	en to our way	
D	ISEASES OR CONDITIONS, if any, giving	DUE TO	V	
	se to the obove couse (A) stating the NDERLYING CONDITION lost.	(C)	***************************************	***************************************
	11			
	THER SIGNIFICANT CONDITIONS CONTRIBUTING O THE DEATH BUT NOT RELATED TO THE			
	DISEASE OR CONDITION CAUSING IT.  A-DATE OF OPERATION 198. CONDITION FOR WHICH C	PERATION 20A. AUTOPSY?	(Vor. or No.) 20R IE vec Wene en	NDINGS CONSIDERED
ERTIFE		telation yes	IN CERTIFYING CAUS	SES OF DEATH?
U 21	A, ACCIDENT WAS UNDERLYING   218, PLACE ( home, form, etc.)	DF INJURY (e.g., in or obout 21 C. WHI foctory, street, office bldg., INJURY (	ERE DID (If in Boltimore (DCCUR?	City, give exact location)
Q 21	D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY	OCCURRED 21F. HOV	V DID INJURY OCCUR?	
	(PPROX.) While At Work	Not While At Work		
22	. I certify that (I) (this hospital) attended the dece	osed from 12-12	1967 to 12	16. 1967.
th	at HT(we) lost sow the deceased alive on 12	16 1967	ond that in (p <del>ry)</del> (our) opini	an death accurred on the date
or	nd hour and from the causes stated above. (1) (We) (			
23	A. SIGN ATURE			23B. DATE SIGNED
	Andrew	M.D. Attending Me	d. Stoff Phys.	12/6/6/
23	C. PHYSICIAN'S NAME (Type) D. J. PRADI	+ ANM.D. SINA	Hospital o	F BALTIMORE
		CEMETERY OF CREMATORY	24D. LOCATION (City,	, town, or county) (Stote)
110	rial 12/11/67 Baltin	more National	Baltimore	Maryland
25A.	DATE REC'D BY HEALTH DEPT 258 NAME OF REGIST	PAR 25C FUNERAL	DIRECTOR	ADDRESS
U	En 1201 APRING 5 VICTORIA	Leonar	d J Ruck Inc. 5	305 Harford Rd
VS 150	)-REV. 1/1/65			



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be ap the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death); written approval must be

12-530		BALTIMO	ORE CITY	HEALTH DEPARTMENT		CT 44704
BIRTH NO.	67	11734 CERT	IFICAT	TE OF DEATH	Registered No.	0/ 11/34
M.E. CASE NO.					HOUR OF DEATH	
(Type or Print)	HERCY !	Dennett		-	2 30 Pm	12-5-67 M.
3. PLACE OF DEAT	IN BALTIMORE, MARYL	AND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	Υ	
FULL NAME OF HOSPITAL OR INSTITUTION	(If nat in hospital ar i oddress or location)	institution, give street		C. CITY OR TOWN (If outs	ide city limits, write RUR	AL and give township!
		1		BALTIM		11-01
37	hercy +	LOSPITAL.		D. STREET ADDRESS (IF IL	AUL 54.	
S. SEX	RACE 7.	WIDOWED, DIVORCED (s			ost birthday)	Under 1 Yr. If Under 24 Hrs. Onths Days Hours Min.
		B. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?
done during most of wo	rking lile, even if retired)			to.		USA.
13. FATHERS NAME	121		1	4. MOTHER'S MAIDEN NAM	I.E	
	AUD BE	2000		54,01	Hant	E 12
15. Wos Deceased E	ver in U. S. Armed Forces	? 16. SOCIAL		7. INFORMANT		ADDRESS Rock, Ark.
U U U U U U U U U U U U U U U U U U U	f yes, give wor or dotes o	of service) SECURITY   432-07-4		Griffin-Leggett		
1B. 3/	0.71		CAUSE OF		2 11 2000 11	INTERVAL BETWEEN
	OR CONDITION DIREC	TLY	1	W		ONSET AND DEATH
	EADING TO DEATH meon the mode of dy	ving e.g. (A)	IE TO	NyOCARDIAL	1 NFAROT	UNK
heart failure, a	sthenia, etc. It meons the ication which caused de	e disease,	JE 10	U		
I A	TECEDENT CAUSES	(B)	E TO			***************************************
	CONDITIONS, if on	y, giving				
	obove couse (A) si CONDITION last.	lating the (C	)	00000000000000000000000000000000000000		
	11					
	CANT CONDITIONS CON					
DISEASE OR C	ONDITION CAUSING IT.	HON FOR WHICH OPERAT	ION /	20A. AUTOPSY? (Yeş or Na)	20B. IF YES. WERE FIN	DINGS CONSIDERED
19A. DATE OF C	WAS PERFO	RMED	omach	ex IVa	IN CERTIFYING CAUSE	S OF DEATH?
1 U 21 A. ACCIDENT	WAS UNDERLYING	218, PLACE OF INJ	URY (e.g., in	or obout 21 C. WHERE DID	IIf in Boltimore C	ity, give exact location)
	NG CAUSE OF	etc.)	, sweet, on	ice biag., INJORI OCCOR:		
	Month) IDoy) (Yeor) (	(Hour) 21E INJURY OCCL	JRRED	21 F. HOW DID INJU	IRY OCCUR?	
S (APPROX.)		While At	Not While At Work			
22. I certify t	not (1) (this hospital)	ottended the deceased t	from	12 - 2 1	9 £ 7 to 1	2-5 1967.
	ost sow the deceosed		- 5			on death occurred on the date
and hour and	from the couses stated	d obove. (1) (We) (did) (	did not) vi	iew the body ofter deoth.		
23A. SIGNATUR	0	1 00	Ì			B. DATE SIGNED
1 /sa	lon Oc	Jaw baker	M.D. Atter	nding Med. Director	Staff Phys.	12-5-67
23 C. PHYSICIAN NAME (Typ	S e)	1/	2	3D. ADDRESS	1/	
EI	don h.	HAWBAKER	M.D.	MERCY	HOSPIT	AC
24A. BURIAL CREM REMOVAL ISP	ATION, 24B. DATE	24C. NAME of CEMET	ERY or CRE	MATORY 24D. LC	CATION (City,	town, or county) (State)
Burial	12/8/67	Rest Hills,	Cem.		ttle Rock, Ar	
2SA. DATE REC'D	Y HEALTH DEPT. 25	SB. NAME OF REGISTRAR		25C. FUNERAL DIRECTOR		ADDRESS
DEC 7		n. c' moner,		Wm. Cook-Brook	ks, Inc. 1217	St. Paul St.
VS 150-REV. 1/1/65						



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1,-10-87 GC OF COLON NO

Frank Pelminant

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12-6-67

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

M	U-260 C7 147	BALTIMORE CITY	HEALTH DEPARTMENT		CM 11MOO
BIRT	TH NO. 0/ 11/	36 CERTIFICA	TE OF DEATH	Registered No	0/11/36
1, N	L CASE NO.  IAME OF DECEASED ALBERT	NASSAR	2. DATE ANI	HOUR OF DEATH	020 Am.
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE  Maren Ca	TY /	itution: residence before odmission)
1	FULL NAME OF (If not in hospital or instituted address or location) NSTITUTION		C. CITY OR TOWN (If outs	_ (	JRAL and give township)
1	Maryland Gener	ral Hospita	D. STREET ADDRESS (IF ,	Worth	Ave-
5. S	SEX M 6. RACE W 7. MAR WIDG	RIED, NEVER MARRIED DWED, DIVORCED (specify)	12-20 10	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10B, KIN e during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	Pennsy	1	12. CITIZEN OF WHAT COUNTRY? Timetican
13.	FATHER'S NAME Elias Na	sser	14. MOTHER'S MAIDEN NAM	Abrah	ram
(Yes	Was Deceased Ever in U. S. Armed Forces? s,no arunknown) (If yes, give war or dates of serv	ice) 16. SOCIAL SECURITY NO.	MOSKAL F. H.	JOHNSTOW	ADDRESS D. PA
0	18420.14260X	CAUSEO	FDEATH	1 1	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying,	(A) N	nyocari	dial	15 day
	heoit foilure, osthenio, etc. It means the disc injury or complication which coused death.)	eose,	i sory.	707	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, gi	(B) DUE TO			
	uise to the obove couse (A) stoting UNDERLYING CONDITION lost.				
NOI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO	JTING Diale	Tes mell	itus	
ERTIFICATION	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. KUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At Not While Work At Work		URY OCCUR?	
	22. I certify that (I) (this hospital) attend		11-28	967 to	12-7 1967,
	that (I) (we) lost sow the deceased alive			ot in(my) (our) opin	ion death occurred on the date
	23A. SIGNATURE STORE STO		ending Med.  Director	Staff Phys.	23B. DATE SIGNED 67
	23C. PHYSICIAN'S NAME (Type) FRIDTIOF	UR BJORKS	23D. ADDRESS ON Man	ryland by	Heneral Hospi
24/	REMOVAL (Specify)	Headrichs Cen	1	hustown,	y, town, or county) (Stote)
254	A. DATE REC'D BY HEALTH, DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Bracks Ins	ADDRESS AL LAIT AF.
VS	150-REV. 1/1/65			The state of the s	1 mily 1 mily

Browned 12-20 10 St Mary Abore Elias Nassas - 440 - 670 - 7 5 10 85 11 3-51 X somewally infalgeret KIDTICKUR BIORNSON Marghand yn

DEPARTMENT 11737 CERTIFICATE OF DEATH Registered No. BIRTH NO. and of death cause; (5) Deceased the M.E. CASE NO. Such 2. DATE AND HOUR OF DEATH (Type or Print) E O hospital 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance eat Cause FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) CITY OR TOWN attend INSTITUTION 0 contributing prior STREET ADDRESS (If rurol, give location) curred (4) Undetermined made. 10 regular MARRIED, NEVER MARRIED 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years deceased WIDOWED, DIVORCED (specify) lost birthday S IGA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Stote or foreign country) disposition = done during most of working life, even-if retired) 3. FATHERS NAME CUA Was the 14. MOTHER'S MAIDEN NAME assistant death O kind; 15. Was Deceased Ever in U. S. Anned Forces 6. SOCIAL 7. INFORMANT or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance MERK any 18. pronounced pem DISEASE OR CONDITION DIRECTLY of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., embal hearl failure, asthenio, etc. It means the disease, regular injury or camplication which coused death.) ANTECEDENT CAUSES ho DUE TO are DISEASES OR CONDITIONS, if ony, giving 3 (P) la the above cause (A) stoting the physician UNDERLYING CONDITION Iost. before the remains the chief medical burns; Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician TO THE DISEASE OR CONDITION CAUSING IT. Body CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes No) the 0 WAS PERFORMED 3 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where OR CONTRIBUTING CAUSE OF to the hospital °N DEATH (notify medical examiner) etc.) nature; by MEDIC obtained 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) At Work Work and any 22. I certify that (1) (this haspital) ottended the deceased frame that (1) (we) lost saw the deceased alive on pe of eath) hospital the body was released must and hour and from the couses stated above (1) (We) (did)(did not) view the body after death. An accident 23A, SIGNATURE 0 Attending M.D. Med. 0 Phys. Director approval 0 PHYSICIANS prior at NAME (Type) HOLCOMB, M.D. Η. F. 24A- BURIAL CREMATION, 24B. shows: (1) eceased 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION o REMOVAL (Specify) written ď 25B. NAME OF REGISTRAR Was 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR 196 Som S. Les 70 VS 150-REV. 1/1/65

4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Soltimore City, give exact location) and that in (my) (our) apinian death accurred on the date 23B. DATE SIGNED MEMORIAL HOSPITA or gounty (Stote) ADDRESS (+amos

SAMEL MERKE TITCH POLICITA SITE H. = . +)\_(^, -. . + . with the same of the property to the James

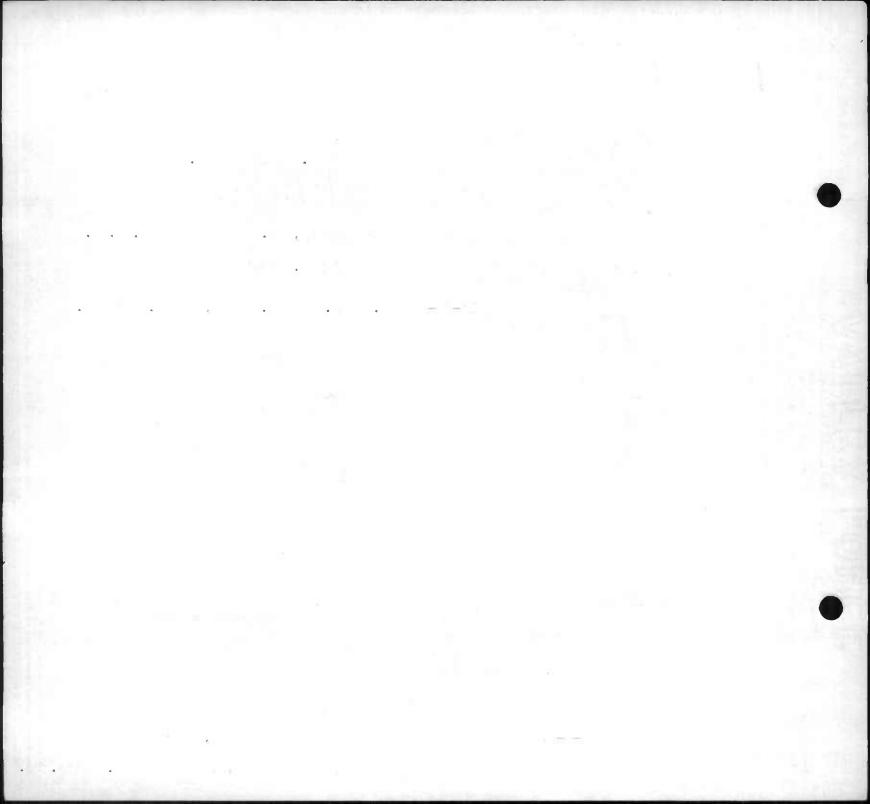
## FUNERAL DIRECTOR: IMPORTANT

Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	1-625		BALTIMORE CITY	HEALTH DEPARTMENT	\ /	07 44700
BIRT	H NO. 67	11738	CERTIFICA	TE OF DEATH	Registered Na	67 11738
			CERTITICA			
(Tue	AME OF DECEASED				HOUR OF DEATH	
2 .	Thankle & 19	organ		Que	. 4 196	7 1:00 PM
3. F	LACE OF DEATH IN BALTIMORE, MARY	LAND		A. STATE B. COUNT	Y SULPHURS	? / Oo P M. stitution: residence before admission)
H	CULL NAME OF (If not in hospitol or oddress or location) NSTITUTION			C. CITY OR TOWN (If outsi	Spring Rd ide city limits, write R	Ballimus And
	Maryland Gene	val l	tospital	D. STREET ADDRESS (If ro	und sinc leasties)	BultoCar
5	18 /			Aug 21-1902	noi, give locolloli)	53-00
5. 5		MARRIED, NE	VER MARRIED (VORCED (specify)		AGE (In years est birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	M. White	Marin	incl	Aug 21 1902	65	
	USUAL OCCUPATION (Give kind of work 10 aduring most of working life, even if retired)	B, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
6	intomobile Service			Louisiknna		U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	E	
	Jesse Margas Nas Deceased Ever in U. S. Arméd Forces on or unknown  lif yes, give wor or dates	5		Mollie	Neskits	4
15. Yes	Was Deceased Ever in U. S. Armed Forces	s? 16.	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	les w.w.II		15 01 8126	Ahna Morga	7 14	13 Sulpher Spring 21227 INTERVAL BETWEEN
1	18.4		CAUSE O		15 40	INTERVAL BETWEEN
	DISEASE OR CONDITION DIREC	CTLY	/3			ONSET AND DEATH
	LEADING TO DEATH	vias las	(A) Keepi	tured Aneurys	m of aor	to One day
	(This does not mean the made of dy heart failure, asthenia, etc. It means th	e disease,	505 10	trioscharotie e		Survey "
	injury or complication which caused de	enty fri				
	ANTECEDENT CAUSES		DUE TO	this Endows	***************************************	
	DISEASES OR CONDITIONS, if any rise to the above cause (A) st		(C)			
	UNDERLYING CONDITION last.	1 61		4 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	*******************************	(PODOMA
_						
ATION	OTHER SIGNIFICANT CONDITIONS COTTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.					
5	19A. DATE OF OPERATION 19B. CONDIT	TON FOR WHIC	H OPERATION	20 A. AUTOPSY? (Yes or No)	20B, IF YES, WERE F	INDINGS CONSIDERED
ERTIFIC	WAS PERFOI	KWED		No	IN CERTIFYING CAU	ISES OF DEATH?
AL CI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLA home, for etc.)	CE OF INJURY (e.g., ir orm, factory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
ă	21D. TIME (Month) (Day) (Year) (	Hour) 21 E. INJ	URY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
×	OF INJURY (APPROX.)	While A	Not While	е		
	22, I certify that (I) (this haspital) o			Feb 8 1965 19	to De	e 4- 1967.
	that (1) (we) last saw the deceased					ian death accurred an the date
	and have and from the causes stated				tir(iii) (doi) april	and death accoured all the date
	23A. SIGNATURE					23B. DATE SIGNED
	S A E		M.D. Atte	mding Med. S S. Director P	toft hys.	Dec 4 1,613
	23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	.,,	DE-E- 4- 196)
	5.7 6	111	M.D.	530/ THER Love	a Road 1.	Bellimon Ind
24A	BURIAL CREMATION, 24B. DATE	24C. NAME	of CEMETERY of CRE		CATION (City	y, town, or county) (State)
E	12/8/67	Tours.	Rack 1	ameter Bal	Vinene ma	1.
25A	to the first care of the control of the first care of the control	B. NAME OF R	EGISTRAR	25C. FUNERAL DIRECTOR	· imara i i in	ADDRESS
	DEC 7 1967 Role	\$ 2. to	also Make	Complement In	328 Jula	has Inrine 191.
VS	50-REV. 1/1/65			- William	neg	The state of the s



11)	-200	BALTIMORE CITY	HEALTH DEPARTMENT		67 11739
BIRTH	NO. EVERELLO?	L1739CERTIFICA	TE OF DEATH	Registered No.	and add, F G O
1, NAA	CASE NO. LY CHY	Jhite	2. DATE	AND HOUR OF DEATH	9 PM . M.
3. PLA	ACE OF DEATH IN BALTIMORE, MARYCANI	D	4. USUAL RESIDENCE (W. A. STATE B. CQ		stitution: residence before admission)
HO	LL NAME OF (II not in hospital or insti	tution, give street	864 W.	Baltim	ore Struck on or of the town o
INS	entury Home	ilne	Baltimore		18-01
01	or Ni Pacas	# 21201	D. STREET ADDRESS	(If rural, give location)	
5. SEX		ARRIED, NEVER MARRIED	864 W. Bal	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	M W	Never Married	12/9/90	10st birthdoy)	Months Doys Hours Min.
	SUAL OCCUPATION (Give kind of work 10B, KI uring most of working lile, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF WHAT COUNTRY?
		United Fruit	Salisbury, Md		U. S. A.
	THER'S NAME		14. MOTHER'S MAIDEN N		
	dney White		Emily V. Br	ewington	4 D.D.R.C.C
Yes, n	o or unknown) (If yes, give wor or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Vo l	215-05-8231 A		. Harle, 121	
18	44 2011	CAUSE O	F DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	··· Ca	idia Resau	in tall	ne
	This daes nat mean the made of dying leart laiture, asthenia, etc. It means the d	, e.g., DUE TO	stic Respu	s blad - Dr Fo	mch
	njury ar camplication which caused death.	)	turneleur	CUHA	
	ANTECEDENT CAUSES	(B) DUE TO	Carrend Contract		
	DISEASES OR CONDITIONS, il any, se la the abave cause (A) statin		mari Bros	in SUNDER	26
	INDERLYING CONDITION last.	g IIIe (C)			
¥ 1	II  OTHER SIGNIFICANT CONDITIONS CONTRI  TO THE DEATH BUT NOT RELATED				
4	PA. DATE OF OPERATION 198. CONDITION WAS PERFORME		20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
AL C	IA. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)
MEDIC	1D. TIME (Month) (Doy) (Year) (Hou	r) 21E. INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
Z (/	F INJURY APPROX.)	While At Work Not While At Work			
2:	2. I certify that (1) (this hospital) atte		25C 10	19 63 to D	EC 6 1967
	hat (I) (we) last saw the deceased aliv	()	19 6 7 and		nian death accurred on the date
0	nd haur and from the causes stated ab	ave. (1) (We)(did) (did not)			
	BA. SIGNATURE				23B, DATE SIGNED
	wiland Ceppe	reco M.D. Att	ending Med. Director	Stoff Phys.	12/7/67
23	3C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	11 ' = N	
1	VICEARD HOPLETE	20 MDM.O.	5901 Varde	Heights	· · ·
24A.	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR			ity, town, or county) (Stote)
B	urial 12-8-67	Parsons Cemeter		alisbury, Mar	
25A.	DATE RECID BY HEALTH, DEPT. 258. N	AME OF REGISTRAR	Flynn & Fl		ight St. Balto. Md.
VS 15	60-REV. 1/1/65		,		



-	67 1	1740 BALTIMORE CITY	HEALTH DEPARTMENT		0.000	
	TH NO.	CERTIFICA	TE OF DEATH	Registered No.	67 11740	
1, N	E. CASE NO.	1-2-11T-1	2. DATE AND	HOUR OF DEATH	110 m	
	pe or Print) EMUST K/	TLENIEIN	1	66167	1 8:30-1 N	
3. F	PLACE OF DEATH IN BALTIMORE, MARYLANI		A. STATE	deceased lived. If instit	ution: residence before admission)	
	FULL NAME OF (If not in hospital or institution)	lution, give street	gatto, N	10,	Balto Co.	
	HOSPITAL OR oddress or location) NSTITUTION		C. CITY OR TOWN All outs	ide city limits, write RUF	And -	
1	425INAI HOSD		D. STREET ADDRESS (If I	utal, give location)	53-00	
7	+251NAI HOSP		8402 51	GRID ROA	D	
5. 5	SEX A 6. RACE 7. MA	RRIED, NEVER MARRIED	8, DATE OF BIRTH 9	. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Aonths: Days Hours: Min.	
	N N	MARRIED	3 19/1917	50		
	USUAL OCCUPATION (Give kind of work 10 B. K) te during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?	
	MANAGER	NS.	GERMANY		USa	
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAM	N.E.		
	Salamon		ROSE			
15. (Ye:	Was Deceased Ever in U. S. Armed Farces? s, no or unknown)(If yes, give wor or dates of se	rvice) 1 6. SOCIAL	17. INFORMANT		ADDRESS	
	Wo -	212-16-3883	WIFE		SAME	
	18.420.11	CAUSE O		-0 1	INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY		Mussalid	i Waitin.	100 81211 AM	
	LEADING TO DEATH (A) / WALLEY MALLEY - 10-8:30 A1					
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)					
	ANTECEDENT CAUSES	(B)	WMMMWW EM	Will & MWW M	my - 8 weeks	
	DISEASES OR CONDITIONS, if any,	DUE TO 7	ASCHIN	_	2 Mugana	
	rise to the above cause (A) stating	g the (C)	110000		20 years	
	II					
NO	OTHER SIGNIFICANT CONDITIONS CONTRI					
ATI	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.					
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DEATH?	
CER	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or about 2/C. WHERE DID	(If in Boltimore C	ity, give exact lacation)	
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, factory, street, a	ffice bldg., TNJURY OCCUR?			
EDIC	21 D. TIME (Month) (Day) (Year) (Hou	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
×	(APPROX.)	While At Not While Work At Work				
	22 Leastify that (1) (this hasnital) attack		11/2/17	0 (7. 1)01	1.6 10.67	
	22. I certify that (I) (this haspital) attended the deceased from 19 b to 10 b to 19 b					
	ond haur and from the courses stated above. (1) (We) (did) (did not) view the body ofter death.					
	23A. SIGNATURE	7 //	Tow the body offer deoffs	2:	3B. DATE SIGNED	
	AS (WILLE	A PALL M.D. Att		Stoff Phy s.	100/-1967	
	23C. PHYSICIAN'S		23D. ADDRESS	,	DU6 101	
	NAME (Type)	M.D.				
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D, LC	CATION (City,	town, or county) (State)	
	Barial 12/8/1967	Has Sinis	0.	elim opmu	Kint	
25/	A. DATE REC'D BY HEALTH DEPT. 258 N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	111000	G-andress	
	DEC 8 1967 (1)	Leut E. Jake, MA	Sylven S. Leui	edson, luc	Tom	
VC	150-REV. 1/1/65					

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	ZENTGRAF	, HEN	rty .	2. DATE	EC 416	1967 910 p
PLACE OF DE	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (V	Where deceased lived. If	institution: residence before admission
FULL NAME C	F (If not in hospital a	or institution, c	give street	MARYLAND		Walters.
HOSPITAL OR	oddress or location			C. CITY OR TOWN	outside city limits, writ	e RURAL and give township)
- 0.	Tum Januar II		Haanamaa	BALTIMORE		33-00
33	THE JOHNS H	OPKINS	HOSPITAL	D. STREET ADDRESS	(If rurol, give location)	
SEX	6. RACE	7 AAADDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yı If Under 24 h
MALE	WHITE	WIDOWED	OWED (specify)	8-14-87	lost birthday)	Months Days Hours Min.
				11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
	working life, even if retired)			A 4 -	,	WHAT COUNTRY?
				14. MOTHER'S MAIDEN	N A A A E	USA
FATHER'S NA						
	RY ZENTGRAF			MARY WELL	DER	ADD0555
, Was Deceased es, no or unknown	(If yes, give war or dote	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
UNK			217-12-0670	JOHNS HE	PHINS BE	ECOROS
18. 4 D	2./1		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIR	ECTLY		ASCUD		
(This door	LEADING TO DEATH	duina o a	(A)	MZCAD	000	
hearl failure,	oslhenio, etc. Il meons nplicolian which caused	the diseose,	502.10			
	ANTECEDENT CAUSES		(B)			
	OR CONDITIONS, if					
	G CONDITION last,	slaling lhe	(C)			
TO THE D	DEATH BUT NOT RELA CONDITION CAUSING I	ATED TO TH	G E			
r I DISEASE OR		DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
19A. DATE OF		OKIVIED		YES		Yo
DISEASE OR				Laure DIC WHERE DI	O (If in Boltin	note City, give exact location)
19A. DATE OF	INT WAS UNDERLYING UTING CAUSE OF y medical examiner)	21 B hom etc.		ffice bldg., INJURY OCCUP	??	,,
21 A. ACCIDE OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	hom etc.	e, lorm, foctory, street, of	ffice bldg., INJURY OCCU	INJURY OCCUR?	
21A. ACCIDE OR CONTRIB DEATH (notil) 21D. TIME OF INJURY	INT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	(Hour) 21E,	ile At Not Whil	21F. HOW DID		
21A. ACCIDE OR CONTRIB DEATH (notil) 21D. TIME OF INJURY (APPROX.)	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)  (Month) (Doy) (Year)	horretc. (Hour) 21E, Wh	ie, lorm, foctory, street, of  NJURY OCCURRED  ile At Not Whil rk At Work	21F. HOW DID	INJURY OCCUR?	
21A. ACCIDE OR CONTRIB DEATH (notil) 21D. TIME OF INJURY (APPROX.) 22. I certify	INT WAS UNDERLYING UTING CAUSE OF y medical examiner)  (Month) (Day) (Year)	(Hour) 21E, Wh Wo	INJURY OCCURRED  ILLE AT Not White At Work he deceased from	e	19 <b>67</b> 10	12/4 196
21A. ACCIDE OR CONTRIB DEATH (notify OF INJURY (APPROX.)  22. I certify that (I) (we	INT WAS UNDERLYING UTING CAUSE OF y medicol exominer)  (Month) (Doy) (Year)  That (I) (this hospital) lost sow the decease	(Hour) 21E, Wh Wo	INJURY OCCURRED  IN At Whith the deceased fram	21F. HOW DID	19 <b>67</b> to	12/4 1967
21A. ACCIDE OR CONTRIB DEATH (notil) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we ond hour on	INT WAS UNDERLYING UTING CAUSE OF y medicol exominer)  (Month) (Doy) (Yeor)  That (1) (this hospitol) lost sow the deceosed from the couses stored.	(Hour) 21E, Wh Wo	INJURY OCCURRED  IN At Whith the deceased fram	e	19 <b>67</b> to	12/4 19 6
21A. ACCIDE OR CONTRIB DEATH (notify OF INJURY (APPROX.)  22. I certify that (I) (we	INT WAS UNDERLYING UTING CAUSE OF y medicol exominer)  (Month) (Doy) (Yeor)  (that (1) (this hospitol) lost sow the deceose and from the couses storture	(Hour) 21E, Wh Wo	INJURY OCCURRED  ile At Not While At Work he deceased from	21F. HOW DID 19 6 7 and	INJURY OCCUR?  19 67 to	ppinion deoth occurred on the
21 A. ACCIDE OR CONTRIB DEATH (notify 121D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we ond hour on 23A. SIGN IT)	MAS UNDERLYING CAUSE OF y medical examiner)  (Month) (Doy) (Year)  (that (I) (this hospital) lost sow the decease and from the causes stated.	(Hour) 21E, Wh Wo	ile At Not While At Work  At Wor	21F. HOW DID  21F. HOW DID  19 67 and  riew the body ofter december of the control of the contro	19 <b>67</b> to	12/4 19 6.
21 A. ACCIDE OF CONTRIB DEATH (noish) 22. I certify that (I) (we ond hour on 23A. SIGN TI	MAS UNDERLYING CAUSE OF y medical examiner)  (Month) (Doy) (Year)  (that (I) (this hospital) lost sow the decease and from the causes stated.	hometc.  (Hour) 21E, Wh Wo  1) ottended to alive on  ted above. (	ile At Not While At Work  At Wor	21F. HOW DID  21F. HOW DID  19 67 and  riew the body ofter december of the body of the december of the body of the december of the body of	INJURY OCCUR?  19 67 to	2/4 19 65 ppinion deoth occurred on the o
21 A. ACCIDE OF CONTRIB DEATH (notify (APPROX.)  22. I certify that (I) (we ond hour on 23A. SIGN ITI	MT WAS UNDERLYING UTING CAUSE OF y medicol exominer)  (Month) (Doy) (Yeor)  (that (I) (this hospitol) lost sow the deceose of from the couses story of the couses stor	hornetc.  (Hour) 21E, Wh Wo  I) ottended to addive on  ted above. (I)	ile At Not While At Work he deceased fram	21F. HOW DID  And The JOH  THE JOH  21F. HOW DID  21F. HOW	INJURY OCCUR?  19 67 to	12/4 19 63 ppinion deoth occurred on the occur
21A. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we ond hour on 23A. SIGN TT	MAS UNDERLYING CAUSE OF y medical examiner)  (Month) (Doy) (Year)  (that (I) (this hospital) lost sow the decease of from the causes stort the course stort the	hornetc.  (Hour) 21E, Wh Wo  I) ottended to addive on  ted above. (I)	INJURY OCCURRED  ile At Not While At Work he deceased from	21F. HOW DID  And The JOH  THE JOH  21F. HOW DID  21F. HOW	INJURY OCCUR?  19 67 to	22/4 19 6 ppinion deoth occurred on the 238. DATE SIGNED 12/4/67

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VS 150-REV. 1/1/65

VS 150-REV. 1/1/65

E.L.

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		67	1174	A BALTIMORE CITY	HEALTH DEPARTMENT	V	67 11744
11	TH NO.	QJ.	A. A	CERTIFICA	TE OF DEATH	Registered No.	97 11/11
	E CASE NO.	EASED				ID HOUR OF DEATH	
	pe ar Print)		oalg, N	Mary A	12-4		1107 24
3. F	PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND	ary A		re deceosed lived. If i	institution: residence before odmission
	FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital and oddress or location		give street	Baltimore, I		RURAL and give township)
	The	Johns Hopki	ins Hos	spital	Towson  D. street Address (If	rural, give location)	33-00
	33				926 Souther	rly Rd	
5. \$	SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
1	emale	White	Marr:		5/19/04	63	Months Doys Hours Min.
don:	e during most of	warking life, even if retired)	Own H		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAM		OWIE 11	Ome	14. MOTHER'S MAIDEN NAM	AA F	USA
	TAILIERS NA				Nellier a Malach Mar	*16	
15. Yes	Was Deceased	Ever in U. S. Armed Fore	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1 1	Vo	None			Family recon	rds	
	1B.	211		CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION DIR	ECTLY		0 ( 10		ONSET AND DEATH
		LEADING TO DEATH		(A) Sypt	his, Cardiac ; Re	spiratory &	neet minutes
		astheria etc. Il means		DUE TO			
	healt failule, asthenio, etc. It means the disease, injuly or complication which caused death.)			. 10 - T	+ 1		
	ANTECEDENT CAUSES (B) Aver		mig Chemia. In	Maceretras	3 weeks		
	DISEASES C	OR CONDITIONS, if	ny, giving	00110	nd benerallyed	bleding	
		obave cause (A) G CONDITION last,	slaling the	(C) Pary	cystic system	ndrocase	13 years.
	GIADEKEIIIA	CONDITION IUSI,		14	dheys, liver		-
ATION	TO THE D	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	3 E			
ERTIFIC/	19A. DATE OF		DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	OR CONTRIBL	NT WAS UNDERLYING DING CAUSE OF medical examiner	21 B. hom etc.)	e, farm, factory, street, of	or obout 21C. WHERE DID INJURY OCCUR?	(If in Bollimo	re City, give exact location)
I.A.I	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
8	(APPROX.)		Whi Wor	le At Nat While At Work	e		
	22. I certify that (I) (we)	that this hospital	ottended tl	ne deceased from	19 67 and the	19 6 7 to 1 ot in(my) (aur) ap	2 / 4 19 G.7
	and hour and	from the couses stat	ed above. (I	) (We) (did) (did not) v	iew the body after death.		
	23A. SIGNATU						23 B. DATE SIGNED
	-	John R. S	hand	M.D. Alle	ending Med. Director	Stoff Phy s.	12/4/67
	23C.PHYSICIA NAME (T		shan	D M.D.	Johns HODKI	ic HAC	pital
24A	BURIAL CRE	MATION, 24B. DATE	24C.N	ME of CEMETERY or CRI	MATORY 24D. L	OCATION (C	City, lown, or county) (Stote)
1 4	Burial	Dec. 7.	1967 D	ulaney Valley	Memorial Con	keusville.	Ad

25A. DATE REC'D BY HEALTH DEPTO 25B. NAME OF REGISTEAR 25C. FUNERAL DIRECTOR ADDRESS

VS 150-REV. 1/1/65

Chapter landing "Respirating hist bread bready between processing property between the contraction of the property of the proper

John R. Sharp

John R. Sharp

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John Hopkins Hospital

BALTIMORE CIT	TY HEALTH DEPARTMENT	OM Admide
BIRTH NO. M.E. CASE NO.  67 11745CERTIFICA	ATE OF DEATH Registered No.	6/ 11/45
M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
SCHAEFER, GEORGE N.	12/05/67	0 1.F D
PLACE OF DEATH IN BALTIMORE MARYLAND	14. USUAL RESIDENCE (Where deceosed lived, If inst	titution: residence before admission
	A. STATE B. COUNTY	A A A
FULL NAME OF (If not in hospital or institution, give street	MARYLAND	Balta Co.
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RL	JRAL and give township)
1	BALTIMORE 21207	33-00
40 ST AGNES HOSPITAL	D. STREET ADDRESS (If rurol, give location)	
TOST ACINES HOST HAL	1201 CT ACNEC LANE	
SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr If Under 24 H
WIDOWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min.
MALE WHITE NEVER MARRIED	02/18/16 51	
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF
DRAFTSMAN  Gas & Elec. Co.		WHAT COUNTRY?
DIVIT TOTALL	MARYLAND	U. S. A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
GEORGE SCHAEFER	CARRIE SCHULTZ	
Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(es, no or unknown) (If yes, give wor or dotes of service)   SECURITY NO.		
Yes W.W. 2 218-05-3237	ST AGNES RECORDS-WILKEN	NS & CATON AVE
	OF DEATH	INTERVAL BETWEEN
000	OF BEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 0	
(A)	emora collegio	
(This does not meen the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,		
injury or complication which coused death.)	10. 11/1/1	
ANTECEDENT CAUSES (B)	Burnated Julanam-	*
DISEASES OR CONDITIONS '	Ideno Co of Hu Signoid	
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	deno Co- of Un Signaina	
UNDERLYING CONDITION lost,		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
8- 15-67 Explorated Loran for which operation was performed Loran for by	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED
8- 13-67 Exploratory Conact oruge for	Le UN Discominated	la of Signionio
J 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY &. G.	in or obout 21 C. WHERE DID (If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work At Work		
		WALL C
22. I certify that (1) (this hospital) attended the deceased fram D		
that (1) (we) lost sow the deceased alive on DECEMBER 5	19.67 and that In(my) (aur) opini	ian death accurred on the d
and hour and from the causes stated above. (1) (We) (did) (did not)		
23A. SIGNATURE		23B. DATE SIGNED
Melangles Cruello M.D. A	trending Med. Staff hys. Director Phys.	12/05/67
12 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	23D. ADDRESS	
-23C.PHYSICAN'S NAME (Type)		
ALEJANDRO MEJIA	ST AGNES HOSPITAL-WILKE	INS & CATON AVI
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City	, town, or county) (State)
REMOVAL (Specify)		
Burial 12-8-1967 Loudon Park	Baltimore	Md.
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
250 8 1967 R. O. B. E. Frankeyan	G. Howard Strong 3207 W	I North Ave
	4. 1101197 9 901 0118 3501 11	Ave.,
'S 150-REV. 1/1/651		

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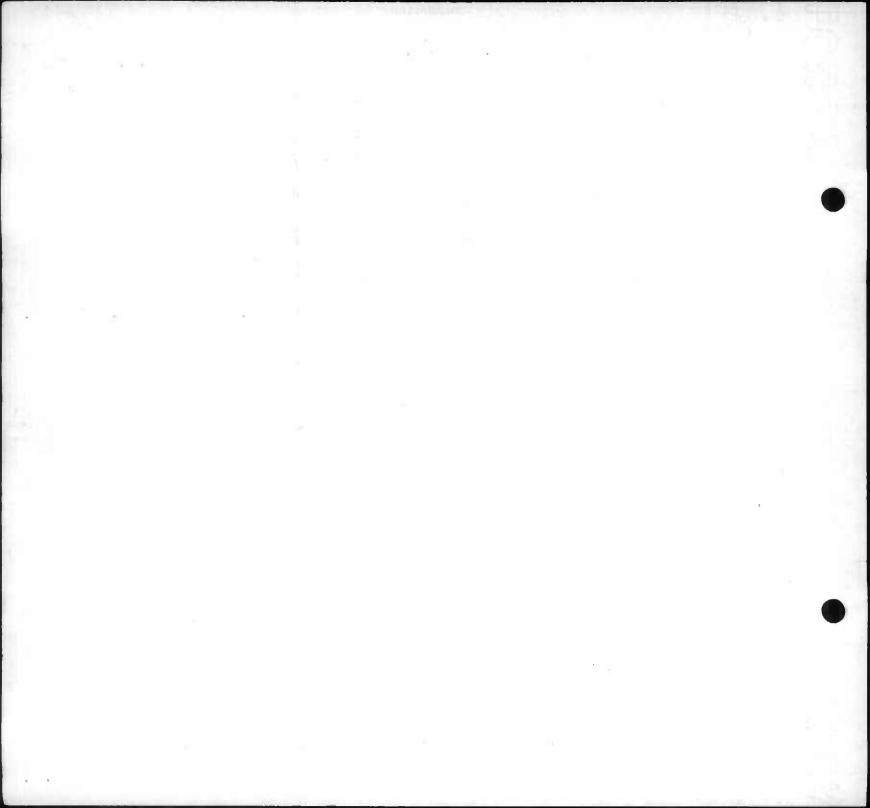
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LAMETERAL . . . EASTERNAL

FUNERAL DIRECTOR: IMPORTANT	CTOR:	IMPORTAN	E	•	5-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	aminer	or his assistan	t if deat	th occurred in a hospital an	1
the body was released to the hospital by a medical examiner. Also, it the direct of contributing cause of dearn shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	A fracture	also, it the d of any kind;	(4) Und	contributing cause of acare etermined cause; (5) Decease	6
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	vho pron	ounced deat	i was ii	n regular attendance on th	6
deceased prior to death); and (6) No physician was in regular attendance on the aeceased prior to written announced must be obtained before the remains are embalmed or final disnocition is made.	regular	irrendance or	ichocitio	be is made	1

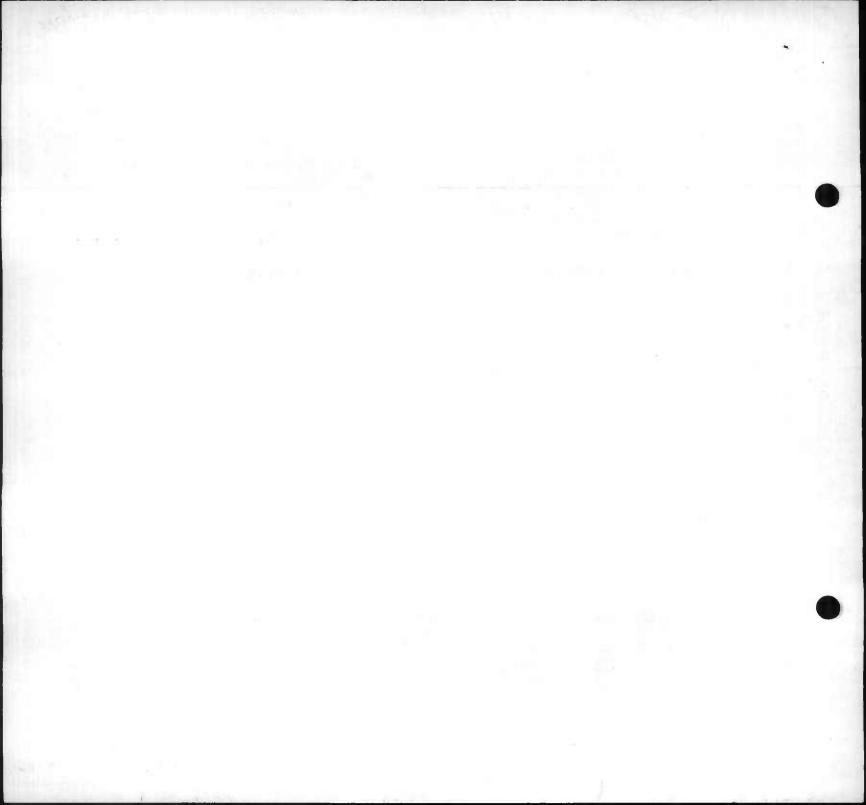
67 11746 GEDTIFICATE OF DEATH Registered No. 67 11	MAG				
BIRTH NO. CERTIFICATE OF DEATH Registered No.	-740				
M.E. CASE NO.  1, NAME OF DECEASED SCHEAFER  2, DATE AND HOUR OF DEATH	90				
(Type of Print) SCHEAFER, LEO.C. 12/6/67	23/				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. If institution: residence to A. STATE  B. COUNTY	efore admissi				
1 A / Q					
HOSPITAL OR address or location)	nship)				
INSTITUTION .	2				
D. STREET ADDRESS (If rurgl, give logation)					
33 = 2 charles its Black ston	e cept				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify) lost birthday) Months; Doys H	Under 24 H				
male white WIDOWED, DIVORCED (specify) 5-11-02 lost bighday) Manths Days	ders : Pviin.				
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTY (State of working file, even if retired)	TRY?				
accountant HAMBURGERS Penna U.S					
12 CATHERIC MANAGE					
7 OKNOWN ANGELO KKHXKX					
SCHEAFER ANALYS MANNES  15, Was Deceased Ever in U. S. Armed Forces?   16, SOCIAL   17, INFORMANT   ADDRESS	5				
(Yes, na or onknown) (If yes, give war ar dotes of service) SECURITY NO.					
10 0 7 0 2 1 1 1 1 1 1 1 1 1 1					
ONSET A	BETWEEN ND DEATH				
DISEASE OF CONDITION DIRECTLY					
LEADING TO DEATH  (This does not mean the mode of dying, e.g., DUE TO					
heart failure, asthenia, etc. II means the disease,					
injury or complication which caused death.)					
ANTECEDENT CAUSES  OUE TO					
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the (C) & metastasy & of the					
UNDERLYING CONDITION last.					
2					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
198. CONDITION FOR WHICH OPERATION WAS PERFORMED  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?	RED				
OR CONTRIBUTION OF CAUSE OF	cation)				
C DEATH (natify medical examiner) etc.)					
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
(APPROX.)  White At Not While At Wark					
22. I certify that (1) (this hospital) attended the deceased from Nev. 20 1967 to Dec 6	10 67				
22. I certify that (Titles respite) offended the decessed from					
The second secon	that (1) (we) lost sow the deceased alive on the deceased alive of the deceased alive on the deceased alive of				
and haur and from the couses stated above. (1) (We) (did) (did not) view the bady after death.					
23A. SIGNATURE	10				
T. Limparicha R. M.D. Attending Med. Director Phys. 12/6/	167				
23C. PHYSICIAN'S TO LIMPAWUCHARA, MD. 23D. ADDRESS	0 /				
TRAVER LIMPANICHARA M.D. ZIMMA Nomerial Horle	0 /				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, /pr county)	0 /				
	(State				
REMOVAL (Specify)	(State				
BURIAL 12/9/67 CATHEDRAL BALTIMORE, MD.	(State				
REMOVAL (Specify)	RESS				

000	BIRTH NO. 67 11747 CERTIFIC	ATE OF DEATH Registered No. 67 11747	
of deatloop of deatloop of deatloop of deatloop of the Suc	M.E. CASE NO.  I. NAME OF DECEASED WINFIELD S. ROE SR.  (Type or Print) WINFIELD S. ROE SR.	12/5-/67 Dec. 5, 1089 A	м.
SS (SS)	FULL NAME OF (If not in hospital ar institution, give street	4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admiss. A. STATE B. COUNTY  Maryland  Ball  County	sion)
caus use; (( tenda r to d	HOSPITAL OR address or location) INSTITUTION Maryland General Hospital	C. CITY OR TOWN (If autside city limits, write RURAL and give township) Baltimore 53-00	
uting ed ca ar at prio	48'	D. STREET ADDRESS (1/2 year, give location) 6214 Hound Ridge Rd.	
ntrib rmin egulc ased	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Married	B. DATE OF BIRTH  12-25-97  9. AGE (In years last birthday)  12-25-97  In the second of the second o	Hrs.
or condete	16A. USUAL OCCUPATION (Give kind of work) done during most of working life, even if relired)  Salesman  Garrett-Buchana	WHAT COUNTRY?	
if de ect (4) Ur was the the	13. FATHERS NAME Walter Roe	Josephine Plummer	
tant e dir nd; ( eath e on	15. Was Deceased Ever in U. S. Armed Forces?  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
assis if th ny ki d d d d ance	no none 21507 1890	OF DEATH INTERVAL BETWEEN	Rd
lso, is of ar of ar ounce	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Condiar anext	
er. All cture pronou ar at balme	(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury ar camplication which caused death.)		b==0=== <b>0</b>
amir min ho egul	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving	CHT	•••••
alexolexol; (3) / (3) / (3) in results ar	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	sever sum plujserna.	
medica medica burns physici an was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	7	
a rody ody he sici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
y the chital by e; (2) B there there the No physbefore	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g.	office bldg.,	
hospi natura ppt w I (6) I	21D. TIME (Month) (Day) (Yeor) (Haur) 21E. INJURY OCCURRED	/hile	
any rand (except and obtains)	22. I certify that (f) (this haspital) attended the deceased fram		
sed to ant of a spital ( eath); ust be	and haur and fram the causes stated above. (1) (Was) (did) (did figs.		date
must be eleased ccident a hospit to dear	Rolph Reymond M.D.	Allending Med. Stoff Phys. 238. DATE SIGNED	
was r An a Prior	Rolph Keymond M.D. ; 23C. PHYSICIANS NAME (Type) Ralph REYMOND M.	D. Maryland Gen. Hosp.	
body was ws: (1) An DO.A. a eased pric	REMOVAL (Specify)	CREMATORY / 24D. LOCATION (City, fawn, or county) (Stat	le)
This certif the body shows: (1) was D.O.A deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	k Cemetery Baltimore, Maryland  25C. FUNERAL DIRECTOR ADDRESS  STERLING FUNERAL ESTATE 736 Edm.	
- + N > U >	VS 150-REV. 1185 1967 R. C. B. E. Fally 18	ESTATE // Edm.	_A



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the contributing cause of death the contributing cause of death the contribution of the contribut	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	Written approval must be obtained before the remains are embalmed or final disposition is made.
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1	67 11748 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 67 11748				
		CERTIFICA	TE OF DEATH Registered	No. 11/48	
1, N	AME OF DECEASED	1	2. DATE AND HOUR OF D	EATH	
	e or Print) Pearl Pri	ler	12/4/67-	150 AM	
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased liver A, STATE B. COUNTY	d. If institution: residence before admissi	
	ULL NAME OF (If not in hospital or institu	ilion, give street	MARYLAND		
	NSTITUTION oddress or location)			write RURAL and give the hiship	
3	1		D. STREET ADDRESS (If rural, give location	on)	
/	mar ITOS PITAL		3405 MENLO DRIVE	#21215	
5. S	EX 6. RACE MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years		
	EMALE WHITE WID	MARRIED	OCTOBER 1.1914 53	Williams Days Hoors Will	
	USUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even if retired)			12, CITIZEN OF WHAT COUNTRY?	
0011	HOUSEWIFE	AT HOME	BALTIMORE, MARYLA		
13.	FATHER'S NAME	1101111	14. MOTHER'S MAIDEN NAME		
	CHARLES SCHREIBER		LILLIAN KLAVANSKY		
	Was Deceased Ever in U. S. Armed Forces? ,,no or unknown) life yes, give wor or dotes of ser	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
	, as or or or as	SECORITI NO.			
	18. 4 50 / 1	CAUSE O	F DEATH	INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY	Λ	D 1. / a.	ONSET AND DEATH	
	LEADING TO DEATH	(A) AC	(Vulle Edlina)	30 min.	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis				
	injury or camplication which caused death.)	(B) Hy	(SCVI) c		
	ANTECEDENT CAUSES	DUE TO	1 5 5	0	
	DISEASES OR CONDITIONS, if ony, g	1 .611	envis hy occorded for	farctions	
	UNDERLYING CONDITION last.	***************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	V	
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TIO	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO		Occurous & breast		
4	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION		WERE FINDINGS CONSIDERED	
ERTIFIC	WAS PERFORMED		IN CERTIFYIN	G CAUSES OF DEATH?	
CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (II in Bo	oltimore City, give exact location)	
CAL	DEATH (notify medical examiner)	etc.)	mice biog., INJURI OCCUR:		
EDIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
ž	OF INJURY (APPROX.)	While At Work At Work			
	22. I certify that (1) (this hospital) attach	1	102	10 (0	
	1.1112				
	that (I) (we) lost saw the deceased alive on				
	23A. SIGNATURE	ve. (1) (we) (ala) (ala_not) \	view the body offer deoff.	23 B. DATE SIGNED	
	& Levill For	M.D. AH	ending Med. Stoll	11-4-1-4	
	23C. PHYSICIAN'S	Phy	23D. ADDRESS	1101-6	
	NAME (Type)	M.D.			
244	BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (Stat	
	REMOVAL (Specily)				
	BURIAL 12-5-67 O	HR KNESSETH I	SRAFI ANSHE SFARD B	ALTIMORE, MARYLAN	
250		ADD F LIP MPLOON IN ALM	IZAC PUNEKAI IIIØECTOR	ADDRESS	
25A	bane of the state	# 66	SOL LEVINSON & BROS	,INC,60]O REISTE	



3. P	PUMPHREY, MORRIS L.				DECEMBER 6, 1967 9:06A			
	PLACE OF DEATH IN BALTIMORE, MARYLAND				4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmiss A. STATE 8. COUNTY			
F	FULL NAME OF (If not in hospital or institution, give street			MARYLAND	ONTE	a. a. Co.		
	HOSPITAL OR oddress or location) INSTITUTION				C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
	ST. AGNES HOSPITAL				D. STREET ADDRESS (If rurol, give location)			
	70	- SI. AGNES HOST FIRE			202 A WILHELM AVE.			
5. S	ALE	6. RACE WHITE	7. MARRIED, WIDOWED, MARRI	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 6-30-02	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months: Days Hours Mi	
			108. KIND OF BUSINESS OR INDUSTRY		MARYLAND	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	FATHERS NAM	PUMPHREY				14. MOTHERS MAIDEN NAME FLORENCE R. GREEN		
		Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
(163	s, no or onknow	in yes, give wor or dole		216-18-545	ST. AGNES	HOSPITAL	RECORDS	
	18. 7 CAUSE OF						INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY				1 . 0	1 11 1		
	(T)	LEADING TO DEATH		(A) (30	ennie Gorges	ive Hear		
	Chistasse or Condition Directly LEADING TO DEATH  (This does not mean the mode of dying, e.g., heat foilure, astherio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (A) Chronic Congetive Heast  DUE TO Tailure  (B) Chronic Congetive Hoast  DUE TO Tailure  (B) DUE TO							
	injury or complication which coused death.)							
	ANTECEDENT CAUSES  (B)  DUE TO							
11	DISEASES OR CONDITIONS, if ony, giving							
				DUE 10	of to			
	rise to th	e obove couse (A)		(c)	ability A	seuD		
	rise to th			(C)	aluity A	seuD		
ATION	OTHER SIGN	e obove couse (A) G CONDITION lost.  II  IFICANT CONDITIONS CONDIT	sioling The	(c)	alusty A	3 e V D		
RTIFICATI	OTHER SIGN TO THE D DISEASE OR	e obove couse (A) G CONDITION lost.  II  IFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING	CONTRIBUTING	(c)	alusty A	7 Nol 208. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
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EDICAL CERTIFICATI	OTHER SIGN TO THE DISEASE OR 19A. ACCIDE OR CONTRIB DEATH (notify 21 D. TIME	e obove couse (A) G CONDITION lost.  II IFICANT CONDITIONS COPEATH BUT NOT RELA CONDITION CAUSING F OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF	Sloting The CONTRIBUTING ATED TO THE IT. IDITION FOR W FORMED  218. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	20A. AUTOPSY? (Yes o YES  in or obout 21C. WHERE DII office bldg., INJURY OCCUP	T NOT 20B. IF YES, WEIN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
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MEDICAL CERTIFICATI	other sign to the UNDERLYIN  OTHER SIGN TO THE DISEASE OR  19A. DATE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we and haur and hau	e obove couse (A) G CONDITION lost.  IIIICANT CONDITIONS (CAUSING CONDITION CAUSING OPERATION CAUSING CAUSE OF medical examiner)  That (I) (this haspital lost saw the deceased from the causes stated of the causes stated causes of the causes of the causes stated causes of the causes	CONTRIBUTING ATED TO THE IT. IDITION FOR W FORMED  218. home etc.)  (Hour)  21E. Whill Work  1) attended the ed alive an ted abave. (1)	PLACE OF INJURY (e.g., form, foctory, street, form)  INJURY OCCURRED  Le At Not William Not Not William Not	in or obout 21 C. WHERE DII office bidg. 21 F. HOW DID will be a superior of the superior of t	r Noil 208. IF YES, WE IN CERTIFYING  (If in Boltin  INJURY OCCUR?  19 67 to County  th.  Stoff Phys. X	RE FINDINGS CONSIDERED CAUSES OF DEATH?  DECEMBER 6 19 6  apinion death accurred an the  23B, DATE SIGNED  12/06/67	

ASOLT J' A LUL HEDEL . I TIMEL , MARKET LA

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2 C A LIVERTA AME.

FALS WILLS WARRIED C-30-02

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FLURENCE R. SREEN YESP SHUS HOS FEAT

216-18-5652 CT. ACMES HOSPITAL RESMILE

TO AN LABORATION OF THE PARTY O

BIRTH NO.

M.E. CASE NO. I, NAME OF DECEASED

HOSPITAL OR

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

il not in hospital or institution

oddress or location)

(Type or Print)

of death

hospital

Such

death.

deceased written ap

Ö

shows: 0 Was

24A. BURIAL CREMATION, REMOVAL (Specily)

VS 150-REV. 1/1/65

DATE

0

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

A. STATE

or CREMATORY

24D. LOCATION

25C. FUNERAL DIRECTOR

(City, town,

or county

ADDRESS 3218

Ma

Registered No.

institution; residence belgre odmission)

If Under 1 Yr.

12. CITIZEN OF WHAT COUNTRY?

Months Doys

II Under 24 Hrs.

(Daughter

Hours

USA.

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

ears

2. DATE AND HOUR OF DEATH

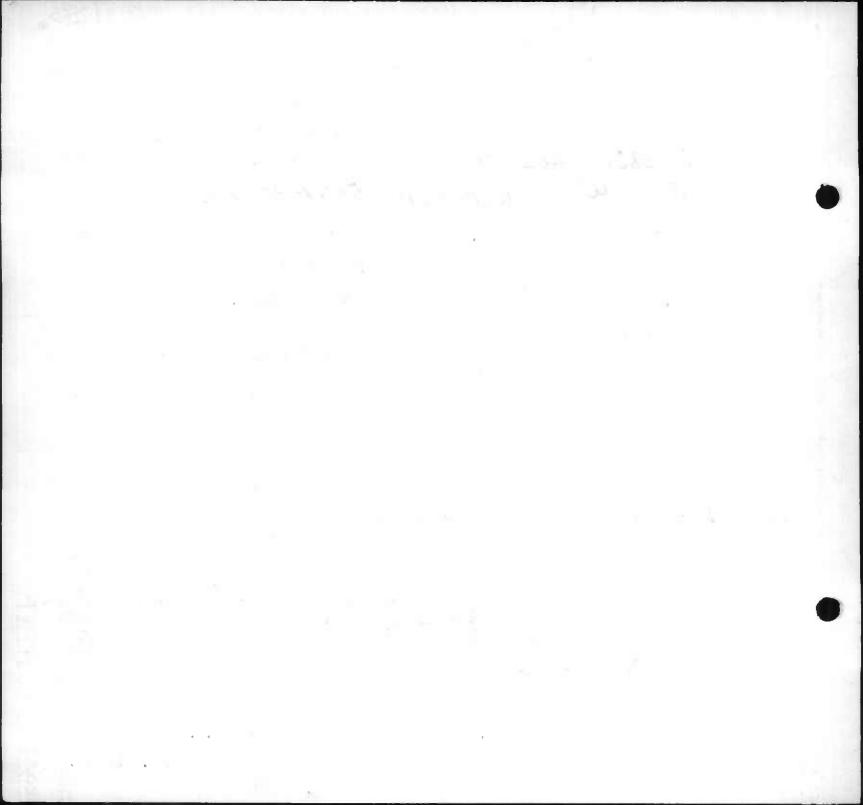
6

4. USUAL RESIDENCE (Where deceased

B. COUNTY

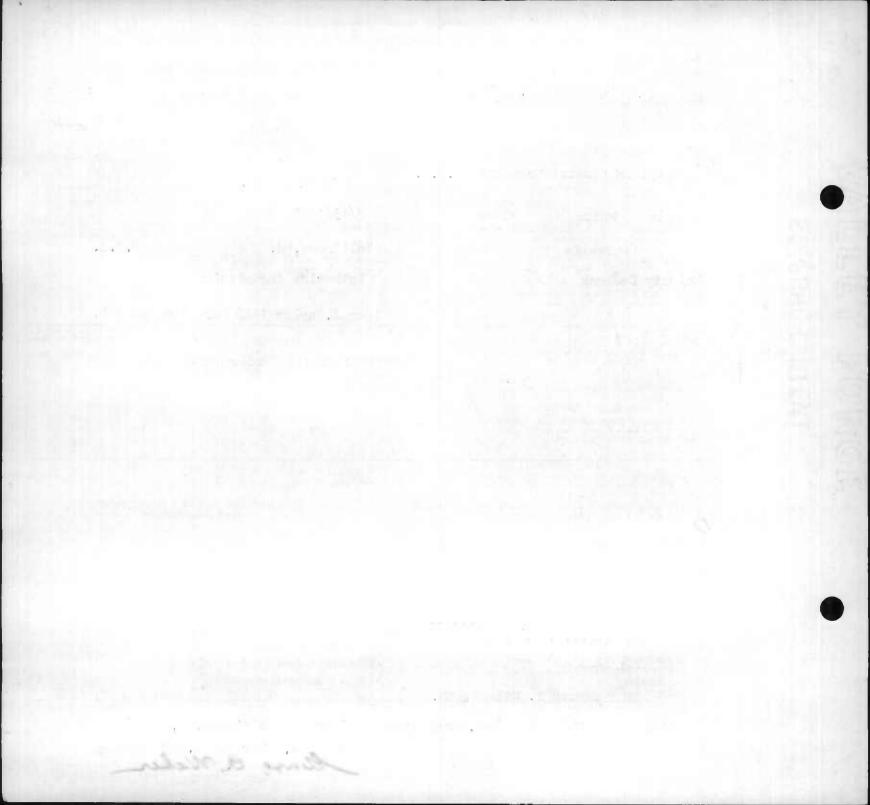
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C-464 BALTIMORE C	CITY HEALTH DEPARTMENT	67 11752						
BIRTH NO. 67 11752 CERTIFIC	CATE OF DEATH Registered No.	0,0, 3,3,70,0						
M.E. CASE NO.								
T. NAME OF DECEASED ANDU A ADCILIT	2. DATE AND HOUR OF DEATH	30/						
INIMAT CLIMELL	4. USUAL RESIDENCE (Where deceased lived, if instit							
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY	ution: residence before admission)						
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RUE	RAL ond give township)						
27	BALITHOKE 306							
3 CHERCY HOSPITAL	D. STREET ADDRESS (If rurol, give location)  ALREMARL	E ST.						
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH  5-29-95-lost birthdoy	f Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.						
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF						
done during most of working life, even if retired)	Manager 1999	WHAT COUNTRY?						
YHOU SEWIFE RES.	ITALY	WA						
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
ANTHONY DE NOIA	TRENE SPERA							
S, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS						
(Yes, no or unknown) (If yes, give wor or dotes of service)	HOSPITAL RECORDS.							
18. / 2001 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY								
LEADING TO DEATH	ARDIOVASCULAR COLLARS	E HOURS						
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)		- / -						
ANTECEDENT CAUSES (B)	EART BLOCK	WEEKS (?						
DUE TO								
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	SHO	YEARS						
UNDERLYING CONDITION last.								
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
VI TO THE DEATH THE THE THE THE THE THE THE THE THE T	ETES MELLITUS	YEARS						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION								
( WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?								
29630 DON 67 PACEMAKER INSERTION NO 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give ex								
OR CONTRIBUTING CAUSE OF home, form, foctory, street	office bldg. INJURY OCCUR?	, - W						
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
	While Oak							
Work At Work								
	22. I certify that (1) (this hospital) attended the deceased from NOV 24 1967 to 6 DEC 1967							
that (1) (we) last saw the deceased alive an SOEC	that (1) (we) last saw the deceased alive an SOEC 19 67 and that (n(my) (our) opinion death accurred an the date							
and hour and from the causes stated above. (1) (We) (did) ((did nat)) view the body after death.								
23A. SIGNATURE	/	3B, DATE SIGNED						
M.D.	Attending Med. Stoff	-0 .						
walled to	Phys. Director Phys.	7 Voe. 6)						
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS							
	i.D.							
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY 02	CREMATORY 24D. LOCATION (City.	town, or county) (Stote)						
REMBURIAL 12/11/67 ST. RAYMOND	BRONX N.Y.							
25A. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	25C. EUNERAL DIRECTOR 322	• HIGH ST.						
DEC 8 1967 R. C. of E. Starley M. A.	tanua Vinola Alma							
VS 150-REV. 1/1/65	MININ XXXXX / VOCE							

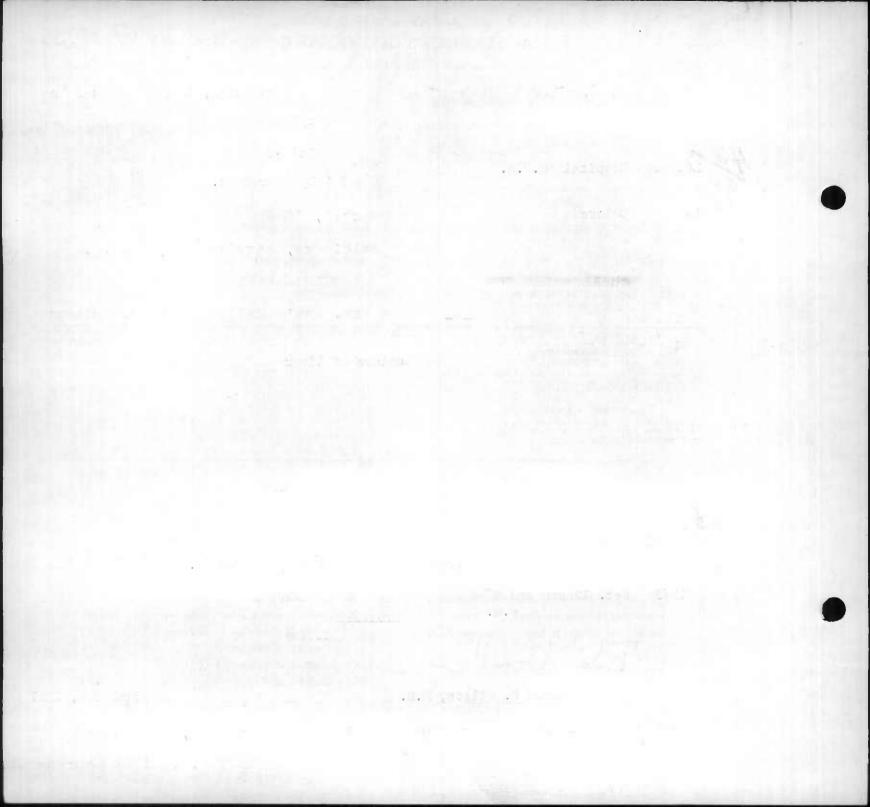


## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

		01 11	1700	BALTIMORE CITY HEAL	TH DEPARTME	NT		67	11753
G-642 T-41.2	BIRTH NO.	MEDI	ICAL EX	CAMINER'S C	ERTIFICA	TE OF	DEATH Register	red No	11/00
	M.E. CASE NO.								
T-412	1. NAME OF DECEA	SED				2. DATE AN	D HOUR PRONOUNCE	D DEAD	
1740	,,,,,,	JOSEPHINE	F. GOI	RALSKI (Tay	lor)	Dec	ember 5, 196	7	5:55 pm.
	3. PLACE IN BALTIMO				4. USUAL RESI	DENCE (Where	deceased lived. If insti	tution: reside	nce befare admission)
	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET			and e corporote limits, write		
	118					Baltim	ore /		
	Mary1s	and General	Hospits	1 D O A	D. STREET ADE	ORESS (If rural,	give location)		f
	Maryie	nd General	HOSPILE	D.O.A.	1526	Park Av	ze.		
	5. SEX 6. I	RACE		NEVER MARRIED	8. DATE OF BIR	тн	9. AGE (In years last birthday)		Yr. If Under 24 Hrs.
	M Female	White	Wid	DIVORCED (specify)	3/13/1	890	77	1	7 3 1 110013
				BUSINESS OR INDUSTRY		-		12. CITIZEN	OF
	done during most of work	ing life, even if retired)	NOW MIND OF	DO SHILLS ON HILDOUN			, coomy,	WHAT	OF COUNTRY?
		Housewife			Baltimo	re, Ma.		Uer	)e-Ae
	13. FATHER'S NAME				14. MOTHER'S A				
	Walenty	Dembeck			Kather	ine Aug	ustyniak		
	15. WAS DECEASED E	VER IN U.S. ARMED		16. SO CIAL	17. INFORMANT			ADDRESS	
	(Yes, no or unknown) (If	yes, give war ar date	es of service)	SECURITY NO.	7 7 0	land 4	COL Damle Area	A-+ 5	n .
				?	reou 1.1	ayror I	526 Park Ave	Apo	י ע.
No state	CTHER SIGNIFF TO THE DE DISEASE OR COLORED	TO R CONDITION DI ADING TO DEATH meon the mode of thenio, etc. Il meons cofion which coused ECEPENT CAUSE: CONDITIONS, IF ABOVE CAUSE (A) ST CONDITION LAST.  II CANT CONDITIONS ATH BUT NOT RE ONDITION CAUSING PERATION 119B. CON	dying e.g., the disease, death.)  S ANY, GIVING TATING THE  CONTRIBUTI	(B) DUE TO  (C)  NG HE			rdiovascular	Disea	
	Ö , , , , , , , , , , , ,	WAS PER		William Granding			IN CERTIFYING CAUS		
	ZIA. EXTERNAL C	ALICE WAS	010	PLACE OF INJURY (e.g.,	No	WHERE DID	(If in Rollinson City of	un avant lan	ation)
	UNDERLYING O	R CONTRIB-	home	e, form, factory, street,	affice bldg., INJUI	RY OCCUR?	th in building City, give	AE GYOCI IOC	Olidin
	UTING CAUSE	OF DEATH.	etc.						
		Aonth) (Doy) (Yeo	r) (Hour) 3	LE. INJURY OCCURRED	21 F. H	IOM DID INT	URY OCCUR?		
	OF INJURY			WHILE AT NOT AT W	WHILE				
	22.		m. N	WORK L AT W	VORK				
	I certify	that I held on I	Inquiry 🗌	Inspection XX Au	topsy o	nd that on th	is bosis, deoth in m	y opinion	
	resulted	from: Notural ca	usesX	Ac¢ident Suicid	le Homic	ide	Undetermined monne	er T	
	1000112	> \	1	3		_	XAMINER _		
	ACTUAL	51	1 +	$M_{\Delta}$					DATE SIGNED
	SIGNATUR	E CONTRACTOR OF THE PARTY OF TH	2010	M.D	ASSISTANT				
	EXAMINE				ASSOCIATE	MEDICAL E			4: 1007
	NAME (Ty	T 0 11 00 T 01		son, MD.		leas			6, 1967
	23A, BURIAL CREMA REMOVAL (Specify)	TION, 23B, DATE	23	C. NAME OF CEMETERY	or CREMATORY	23 D. I	LOCATION (City,	tawn, ar co	ounty) (Stote)
	Burial	12/9/	67	St. Stanislaus	Cemeter	7 Be	ltimore, Md,		
	24A. DATE REC'D BY			OF REGISTRAR				a AI	DDRESS
		0	000	070	Georg	A Wet	er 705 S. Am	Str	eet:
	DEC	0 1301	West.	E, Jaken MA		Leonge	a, Wel	ner	
	V\$ 151-REV. 1/1/65					E3 1 1	1		



and the second second Coura Pip "In washing they del 4304 WENTWORTH PR 4 18 93 75 GA, Augusta USA Buthy in 1815 petrol mit wound the Mary White a second of Let of the course of the first 4304 WENTHORTH THE wolf Tropped oppor table La fr DEC 4 Williams de Miner Univer Ma Hose Bears To



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the proposed prior to death. Such a	FUNERAL DIRECTOR: IMPORTANT	1
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined	ibuting cause of death
The second second is a second	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	ular attendance on the

BIRTH NO.	11/126	TY HEALTH DEPARTMENT  ATE OF DEATH  Registered No	67 11756
M.E. CASE NO.	CENTITICA	2. DATE AND HOUR OF DEATH	
Type or Print)	2 4 4 4 5	17/7/1	7 5 45
MARSHALL, NA	ND ND	14. USUAL RESIDENCE (Where Deceased lived, If ins	stitution: residence before admissio
		4. USUAL RESIDENCE (Where deceased lived. If ins	
FULL NAME OF (If not in hospital ar in	stitution, give street	m D	
HOSPITAL OR oddress or facation) INSTITUTION		C. CITY OR TOWN (If outside city limits, write R	URAL and give whip)
UNION MEMORIAL	HOSPITAL.	BALTIMORE	9-08
11/1/		D. STREET ADDRESS (If rurol, give lacation)	
44		666 COKESBURY AV	R. 7-18
	AARRIED, NEVER MARRIED VIDOWED, DIVORCED (specily)	B. DATE OF BIRTH  9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H Months: Days Hours Min,
2 1 (1	w i Dow	5/4/10 57	Jordan's Days
DA. USUAL OCCUPATION (Give kind al work 10 B.		RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
ane during mast of warking life, even if retired)		01 1 5 10 1	WHAT COUNTRY?
UNEMPL		Chesterticla, South GRENI	NA US
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Roque Turnage		MAHHIE BUCHANNON	
. Was Deceased Ever in U. S. Armed Ferces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
es, no or unkna \$\times n) (11 yes, give war ar dates af	service) SECURITY NO.	ODESSA ROBINSON	
		1729 MUNPELIER ST.	BALTO MO.
18. 170 X I	CAUSE	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY		
LEADING TO DEATH	(A) ME	TASTATIC CA BREAST	9 YR5
(This does not meen the mode of dyin heart foilure, asthenia, etc. It means the	diseose,		
injury or complication which coused dea	th.)		
ANTECEDENT CAUSES	(B)	***************************************	
DISEASES OR CONDITIONS, if ony,			
rise to the obove cause (A) state UNDERLYING CONDITION last.	ing the (C)		
ONDERETHING CONDITION TOST.			
OTHER SIGNIFICANT CONDITIONS CONT	DIRITRAC		
TO THE DEATH BUT NOT RELATED			
DISEASE OR CONDITION CAUSING IT.	ON FOR WHICH OPERATION	[20 A. AUTOPSY? (Yes or No.)] 20 B. IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORA	AED	NO IN CERTIFYING CAL	ISES OF DEATH?
2 21A. ACCIDENT WAS UNDERLYING			City, give exact location)
OR CONTRIBUTING CAUSE OF	hame, larm, factory, street,	alfice bldg. INJURY OCCUR?	
2			
21D. TIME (Manth) (Day) (Year) (H.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Wark At Wo		
22 1 (1) (1:-1 - ::-1)			1.21-7 106
22. 1 certify that (1) (this haspital) of	10/7	-	
that (1) (we) last sow the deceased al	ive on	19 6 / ond that in(my) (our) opin	nian death occurred on the c
ond hour and from the couses stated a	obove. (1) 🤲 (did) (did nat)	view the body ofter death.	
23A. SIGNATURE			23B, DATE SIGNED
Charles of The		ttending Med. Stoff Phys.	12/7/67
23C. PHYSICIAN'S		23D. ADDRESS	11/1/01
NAME (Type)	WN M.I	THE HILLON MENODIAL AND	CDITM
DR.CHARLES S. BRO			
AA. BURIAL CREMATION, 248. DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (Cit	y, tawn, ar county) (State
Kueial 12-11-67	Hibutus Hom	. PL. Balte.	Md-
SA. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 8 1967 OF D.	of E Stankey	MURTONE Duett F. H	1701 LAURENS
\$ 150-REV. 1/1/65		177	1.01.
150-REV. 1/1/65			

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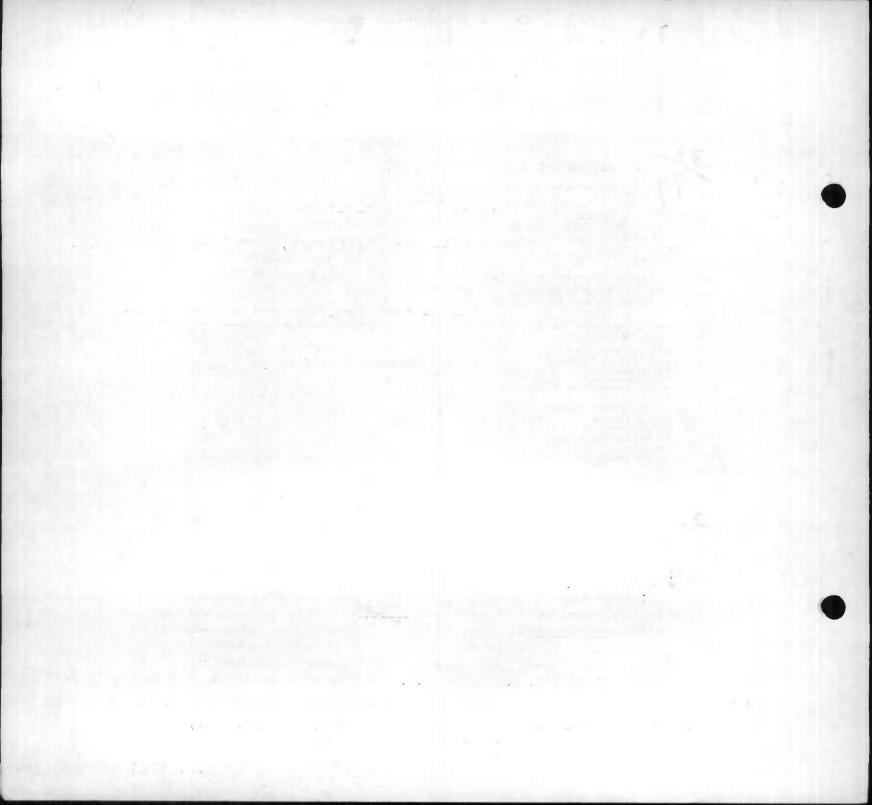
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Comp A directory BALT	TIMORE CITY HEALTH DEPARTMENT 67 11757
ыктн но. 67 11757. СЕГ	RTIFICATE OF DEATH Registered No.
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	A 2. DATE AND HOUR OF DEATH 8:55P M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, It institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
1 CILLIENITAL	Baltimore 1-02
4251NAI HUSPIAL	D. STREET ADDRESS (If rural, give location)  2536 Madison St.
5. SEX  6. RACE  7. MARRIED, NEVER MA WIDOWED, DIVORCE	RRIED B. DATE OF BIRTH 9. AGE (In year 1 Vr. If Under 24 Hrs. Hours Min. Months Doys Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS (done during most of working life, even if retired)	OR INDUSTRY 11. PIRTHPLACE (State or foreign country)
Catorer	Baltimore. Md. U.S. A.
13. FATHERS NAME	14. MOTHERS MAIDEN NAME
William E. Day	EMMA CAME King
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dotes of service) SECURI	
218-0	9-3349 Mrs. lemperance DAU 2536 Madison A
18.4 2 0 1 1	CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Canting and the constitution of the constituti
LEADING TO DEATH  (This does not meen the made of dying, e.g.,	DUE TO WASSE WILLIAM 1991 2/9/6/
hearl failure, asthenia, etc. Il means the disease, injury or complication which caused death.)	M - 1-11-G-4-
ANTECEDENT CAUSES	(B) [MATMAIN INTAICHM-ASW 11/2/1/
DISEASES OR CONDITIONS, if any, giving	OUE TO
rise to the obove cause (A) stating the	10 K Miane China Mane DG-ASCW 11/23/6)
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPE	RATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
w l	100
OR CONTRIBUTING CAUSE OF DEATH (notify medico) exominer)  21A. ACCIDENT WAS UNDERLYING 1  21B. PLACE OF home, form, foc etc.]	INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) itary, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OC	CCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While At Wark	Not While At Wark
22. I certify that (I) (this hospital) attended the degegee	
that (I) (we) last sow the deceased alive on 1757172	3.55 19 6 7 and that in(my) (aur) apinion death accurred an the date
and hour and from the couses stated obgve. (1) (We) (did	
23A. SIGNATURE	23B. DATE SIGNED
A SUMIMARAIA	M.D. Attending Med. Stoff Phys. Director Phys.
23 C. PHYSICAN'S NAME (Type)	23D. ADDRESS
Marie (1)por	M.O.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	AETERY OF CREMATORY 240 LOCATION (City, town, or county) (State)
Rupipl 12-9-17 Ht. 4	uburn Cem. Battimore, Maryland
25A DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA	
DEC 8 1967 10 0 15 8 Fo.	DOUBLE MORTONE Duett t. H. 1701 LAURENS ST
VS 150-REV. 1/1/65	

the wint. S SHEWALL BIRTH NO.

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

BIKIH NO.	MED	CALL	AMIIAEK 2 CI	KIIIICAI	LOI	DEA ITI Kegisiei	rea 140	
M.E. CASE NO.								
1. NAME OF DEC (Type or Print)	DEBORA	HAF	RRIS			nber 6, 1967		:15 P. M.
PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOI	JNCED DEAD	4. USUAL RESIDE		deceased lived. If insti	tution: residence NTY	
FULL NAME OF HOSPITAL OR NISTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore				
39/	Provident Ho	ospital	(DOA)	//-0/				
sex Female	6. RACE	WIDOWED,	NEVER MARRIED DIVORCED (specify) ngle	8. DATE OF BIRTH		9. AGE (In years last birthday)	If Under 1 Yr.	. If Under 24 Hrs. Hours Min.
OA. USUAL OCC	Negro  JPATION (Give kind of work working life, even if retired)	108. KIND OI	F BUSINESS OR INDUSTRY Child-Kohn		tote or forei	gn country)	12. CITIZEN O	F DUNTRY? S.A.
13. FATHER'S NAME  KATHERINE COLLINS				14. MOTHER'S MA		E		
	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO. 218-46-9188	17. INFORMANT	ather	ine Harris	ADDRESS	Edmonds
18. 3 5 5				OF DEATH	acher	THE HALLE		RVAL BETWEEN
RISE TO TH UNDERLYII OTHER SIG TO THE DISEASE O	OR CONDITIONS, IF A E ABOVE CAUSE (A) S' NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 19B. CONWAS PER	CONTRIBUTION TO	HE	20A. AUTOPSY?	(Yes ar Na)	208. IF YES, WERE FIN		
	L CAUSE WAS	218.	PLACE OF INJURY (e.g., i	Yes	HERE DID	Yes		
UTING CAU	OR CONTRIB- SE OF DEATH.	hame etc.)	, farm, factory, street, a	ffice bldg., INJURY	OCCUR?			
21 D TIME OF INJURY (APPROX.)	(Manth) (Day) (Yea		WHILE AT NOT WORK	WHILE	M DID INT	URY OCCUR?		
	rify that I held an I	nquiry _		opsy X and	-	is basis, death in m		55.14
ACTUA SIGNAT	Ches		) - 0		DICAL E	AMINER		ATE SIGNED
EXAMIN NAME (	ER'S Charles	S. Spr	ngate, M.D.	ASSOCIATE ME			ecember	7, 1967
BURIAL BURIAL BURIAL	MATION, 23B. DATE		Mount Calva			A. CO., Mi	town, or county	
4A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	MORTION		ETT F.H.	ADDR	
/S 151-REV. 1/1/	65	-1		THORTOL	V. O. D.	BLI FARA	TIOT DO	CTC112 D



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VS 150-REV. 1/1/65

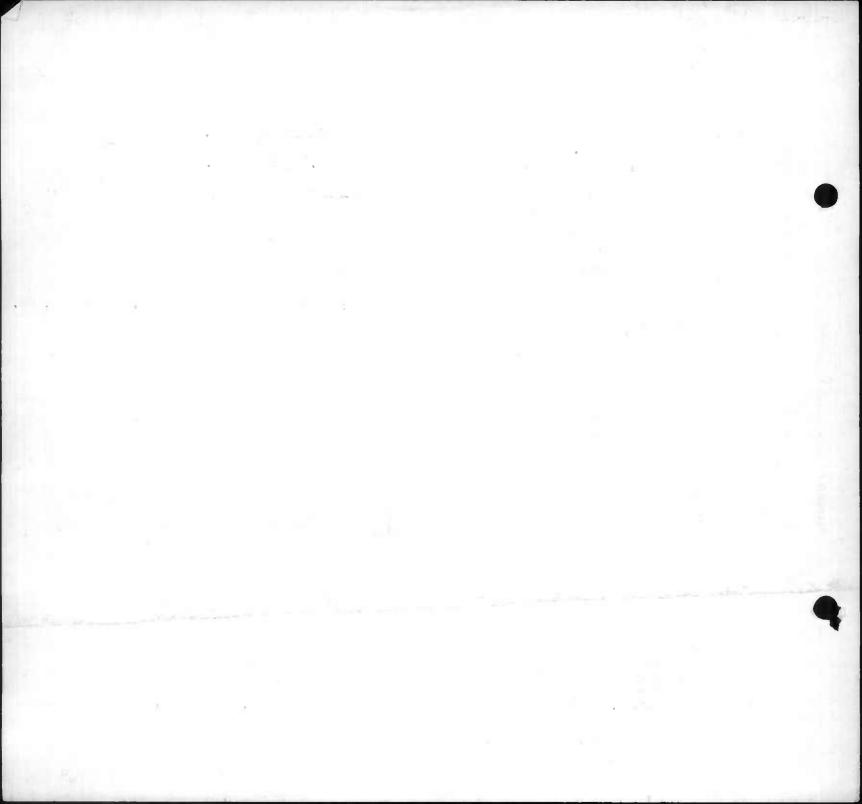
1	BALTIMORE CITY	HEALTH DEPARTMENT	67 11760
	BIRTH NO.  M.E. CASE NO.  67 11760 CERTIFICA	TE OF DEATH Registered No	
Such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	121.
	(Type or Print) - CCMUS: CHARL	ES 8m 10	12167 M
ath.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If instit	ution: residence before admission)
de	FULL NAME OF (If not in hospital or institution, give street	MARYLAND	- 10
0	HOSPITAL OR oddress or locotion)	C. CITY OR TOWN (If outside city limits, write RU	(AL/ond give_tow(ship)
	2 SINIA HERODITAL	D. STREET ADDRESS (If rural, give location)	
prior	a STIVAL NOSOTIAL	4237 VARK HEIGH	12 the
eceased on is mad	5. SEX 6. RACE NARRIED NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years lost birth lost)  0. 6	f Under 1 Yr. If Under 24 Hrs. North's Doys Hours Min.
the deced position is	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)  Laborer	11. BIRTHPLACE (Stole or foreign country) Virginia	2. CITIZEN OF WHAT COUNTRY?
e d	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	USA
10	Anthony Leamus	Mary Queen	
o di	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
_	(Yes, no or unknown) (If yes, give wor or dotes of service)	Mrs Gladys Leamus, same	
attendance med or fina	IB. CAUSE O	F DEATH	INTERVAL BETWEEN
o P	DISEASE OR CONDITION DIRECTLY	Cara	ONSET AND DEATH
me	LEADING TO DEATH	ILMONARY MOOLUS	10-15 MIN
ball	(This does not mean the mode of dying, e.g., DUE 10 heart failure, asthenia, etc. It means the disease,		
S E	injury or complication which caused death.)  ANTECEDENT CAUSES (B)	OR YULMOWALE	
regul	DISEASES OR CONDITIONS, if any, giving	action of the amount of the	2
E 8	rise to the obove cause (A) stating the (C) UNDERLYING CONDITION last.	3STRUCTIUG LUIUG DISEKS	) <u>=</u>
was	II		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	- 14 2. 1. 7	
sician the re		OXICAY!	
physician ore the re	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN IN CERTIFYING CAUSE	ES OF DEATH?
ore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i		ity, give exact location)
o d	OR CONTRIBUTING CAUSE OF home, form, foctory, street, or DEATH (notify medical examiner)	mice bidg., INJURT OCCUR:	
and (6) No obtained be	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
O L	(APPROX.) While At Work At Work		_
and	22. I certify that (I) (this hospital) attended the beceased from	100 28 19 6 7 10 1	DC 3 1967
); 0	that (1) (we) last sow the deceased alive on 1986-2	19 6 ond that in (my) (aur) spinic	
ath st k	ond hour and from the courses stated above. (1) (did) (did not)	view the body ofter deoth.	
death); must be a	23A. SIGN ATURE		B. DATE SIGNED
우급	Phy		12/3/6/
io.	NAME (Type)	23D. ADDRESS	- 0
ddi	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 240. LOCATION (City,	town, or county)
Sec on	Buffal (Specify) 12/8/67 Mt Calvary Ceme		
deceased prior to written approval	25A. DATE REC'D BY HEALTH DERT	25C. FUNERAL DIRECTOR	ADDRESS
de ×	DEC 0 1301 (1 Cont. E " Dangente	Adolphus Halstond 100/	

Adolphus Halstead 1206 W North Ave

25 10/5/3 CONTRACTOR CHARLET CONS CROCKINGER CARRIAL CRUE LADOR D' -- I DIGNORAL TO Boy to the B " Inches on " or "S

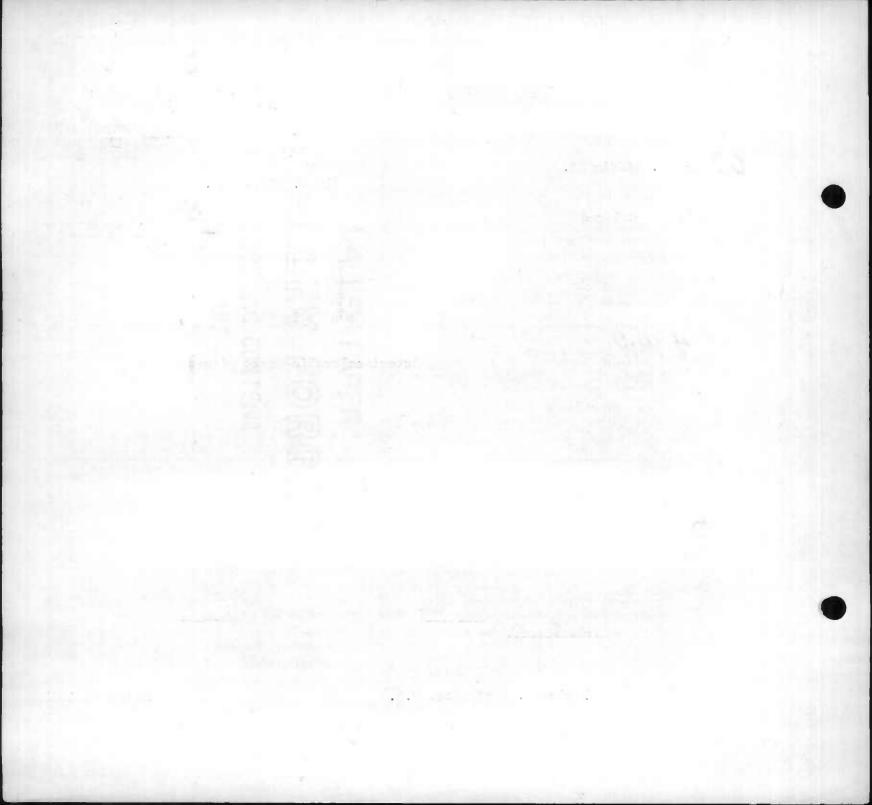
VS 150-REV. 1/1/65\*

	e or Print)	EASED	Sh	7/0	inst	2. DATE AL	NO HOUR OF DEATH	1 12 4	18
3. P	PLACE OF DE	ATH IN BALTI	MORE, MA	ARYLAND	10(21'	4. USUAL RESIDENCE (Who	ere deceased lived. If	institution: residence be	fore odmis
F	FULL NAME OHOSPITAL OR	F (If nat	in hospital s or locotia	ar institutian, in)	give street	Maryland		RURAL and give tawn	s hip
E	Baltimor			tals		Baltimore D. STREET ADDRESS (#	rural, give location)	6-0	7
	4940 Eas Baltimor			# 2722/		716 N. Apple		1217	
5. S		6. RACE	Lanu_1	7. MARRIE	D, NEVER MARRIED ED, DIVORCED (specity)	B. DATE OF BIRTH	9. AGE (In years lost birthday)		Under 24
	Male	Negr	0	WIDOW	ED, DIVORCED (specify)	10-1-95	72	World State of the	
	e during most of			k TOR KIND C	OF BUSINESS OR INDUSTR	T 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNT	RY?
13.	FATHER'S NAM	ME				14. MOTHER'S MAIDEN NA	ME		
		Unknow	n			Unknown			
	Was Deceased	Ever in U. S.	Armed Fo		16. SOCIAL	17. INFORMANT		ADDRESS	# 212
, : \$5	ogna or griknown	yes, give	MOI OF 001	es ui service/	SECURITY NO.	BCH: Records 4	940 Eastern		
1				s the disease	DUE/TO				
NO	DISEASES (rise to the UNDERLYING	ANTECEDEN  OR CONDITI  a abave co  G CONDITIO	T CAUSES ONS, if ause (A) N last.	d death.)  S any, giving stoling the	(B)				80 040 8 004 00 00 00 00 00 00 00 00 00 00 00 00
FICATION	DISEASES ( rise to the UNDERLYING  OTHER SIGNI	ANTECEDEN  OR CONDITI  OR CONDITIO  GONDITIO  IFICANT CON  EATH BUT  CONDITION	CAUSES ONS, if ause (A) N last.  DITIONS ( NOT REL CAUSING	d death.)  any, giving the stoleng the CONTRIBUTION ATED TO TIT.	(B)		o) 208. IF YES, WERE	E FINDINGS CONSIDER	RED
ERTIFIC	DISEASES ( rise to the UNDERLYING OTHER SIGNI TO THE DISEASE OR 19A. DATE OF	ANTECEDEN  OR CONDITI  B abave co  G CONDITIO  IFICANT CON  EATH BUT  CONDITION  OPERATION	T CAUSES TONS, if ause (A) N last. DITIONS ( NOT REL. CAUSING 19B. CON WAS PER	d death.)  any, giving stoling the stoling the stoling the stolength of th	G (B) DUE TO G (C) COMMING HE WHICH OPERATION	20 A. AUTOPSY? (Yes or N	a) 208. IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDER AUSES OF DEATH?	
CAL CERTIFIC	DISEASES (rise to the UNDERLYING) OTHER SIGNITO THE DISEASE OR 19A. DATE OF	ANTECEDEN  OR CONDITION  OR CONDITION  OR CONDITION  IFICANT CONDITION  EATH BUT  CONDITION  OPERATION  NT WAS UND  JTING CAU	T CAUSES ONS, if ause (A) N last. DITIONS ( NOT REL CAUSING 19B. CON WAS PER	d death.)  any, giving the stoling the stoling the stoleng the stolength of the stolength o	B PLACE OF INJURT (e.g., me, form, factory, street,	20 A. AUTOPSY? (Yes or N	a) 208. IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDER	
ICAL CERTIFIC	DISEASES (rise to the UNDERLYING) OTHER SIGNITO THE DISEASE OR 19A. DATE OF OR CONTRIBLE	ANTECEDEN  OR CONDITION  OR CONDITION  OR CONDITION  IFICANT CONDITION  EATH BUT  CONDITION  OPERATION  NT WAS UND  JTING CAU	T CAUSES ONS, if ause (A) N last.  DITIONS (NOT REL. CAUSING 19B. CON WAS PER DERLYING ISE OF	any, giving stoling the stoling the stoling the stoling the stolength of t	B PLACE OF INJURT (e.g., me, form, factory, street,	20 A. AUTOPSY? (Yes or N NO in or obout 21 C. WHERE DID affice bldg., INJURT OCCUR?	a) 20B. IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDER AUSES OF DEATH?	
MEDICAL CERTIFIC	DISEASES (rise to the UNDERLYING OTHER SIGNITO THE DOTSEASE OR 19A. DATE OF OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)	ANTECEDEN  OR CONDITIO  BY CONDITION  OF CONDITION  OF CONDITION  OF CONDITION  OF CONDITION  OPERATION  OPERATION  ON TWAS UND  THOSE CAU  Medical exom  (Month) (Do	T CAUSES ONS, if ause (A) N last.  DITIONS ( NOT REL CAUSING 19B. CON WAS PER OUT ON (Year)  S haspita	any, giving stoling the stoling the stoling the stoling the stoling the stolength of the st	WHICH OPERATION  B. PLACE OF INJURT (e.g., me, form, factory, street, c.)  E. INJURT OCCURRED  (hile At Not Wildow)  At Work  the deceased from	20A. AUTOPSY? (Yes or N NO in or obout 21C. WHERE DID affice bldg., INJURT OCCUR?	a) 20B, IF YES, WERE IN CERTIFYING C.  (If in Bottime	E FINDINGS CONSIDER AUSES OF DEATH?  DIE City, give exact loc	otion)
MEDICAL CERTIFIC	DISEASES (rise to the UNDERLYING OTHER SIGNITO THE DOTSEASE OR 19A. DATE OF OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)	ANTECEDEN  OR CONDITIO  BY CONDITION  OF CONDITION  OF CONDITION  OF CONDITION  OF CONDITION  OPERATION  OPERATION  ON TWAS UND  THOSE CAU  Medical exom  (Month) (Do	T CAUSES ONS, if ause (A) N last.  DITIONS ( NOT REL CAUSING 19B. CON WAS PER OUT ON (Year)  S haspita	any, giving stoling the stoling the stoling the stoling the stoling the stolength of the st	WHICH OPERATION  B. PLACE OF INJURT (e.g., me, form, factory, street, c.)  E. INJURT OCCURRED  (hile At Not Wildow)  At Work  the deceased from	20A. AUTOPSY? (Yes or N NO in or obout 21C. WHERE DID affice bldg., INJURT OCCUR?	a) 20B, IF YES, WERE IN CERTIFYING C.  (If in Bottime	E FINDINGS CONSIDER AUSES OF DEATH?  DIE City, give exact loc	otion)
MEDICAL CERTIFIC	OTHER SIGNITO THE DO DISEASE OR 19A. DATE OF OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. 1 certify that (1) (we) and haur and	ANTECEDEN  OR CONDITIO  BY CONDITION  OF CONDITION  IFICANT CONDITION  EATH BUT CONDITION  OPERATION  NT WAS UND  JTING CAU  medical exom  (Month) (D.)  that (1) this  last saw the	T CAUSES T CAUSES ONS, if ause (A) N last, NOT REL CAUSING 19B. CON WAS PER DERLYING SEE OF nines) oy) (Year)	any, giving stoling the stoling the stoling the stoling the stoling the stolength of the st	B. PLACE OF INJURT (e.g., dec.)  B. PLACE OF INJURT (e.g., dec.)  E. INJURT OCCURRED  While At   Not Will hile At   Not Will hill hill hill hill hill hill hill	20A. AUTOPSY? (Yes or N NO in or obout 21C. WHERE DID affice bldg., INJURT OCCUR?	20 B. IF YES, WERE IN CERTIFYING C.  (If in Bottime	E FINDINGS CONSIDER AUSES OF DEATH?  DIE City, give exact loc	otion)
MEDICAL CERTIFIC	OTHER SIGNITO THE DO DISEASE OR 19A. DATE OF CONTRIBUTION (APPROX.)  21 C. Tertify that (1) (we)	ANTECEDEN  OR CONDITIO  BY CONDITION  OF CONDITION  IFICANT CONDITION  EATH BUT CONDITION  OPERATION  NT WAS UND  JTING CAU  medical exom  (Month) (D.)  that (1) this  last saw the	T CAUSES T CAUSES ONS, if ause (A) N last, NOT REL CAUSING 19B. CON WAS PER DERLYING SEE OF nines) oy) (Year)	any, giving stoling the stoling the stoling the stoling the stoling the stolength of the st	B. PLACE OF INJURT (e.g., me, lorm, factory, street, c.l.)  E. INJURT OCCURRED  (I) (We) (did) (did nat)	20A. AUTOPSY? (Yes or N NO in or obout 21C. WHERE DID affice bldg., NUT OCCUR?  21F. HOW DID IN.	20 B. IF YES, WERE IN CERTIFYING C.  (If in Bottime	E FINDINGS CONSIDER AUSES OF DEATH?  DIE City, give exact loc	otion)
MEDICAL CERTIFIC	DISEASES ( rise to the UNDERLYING  OTHER SIGNITO THE D DISEASE OR  19A. DATE OF  21A. ACCIDE OR CONTRIBUTE OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNATU  23C. PHYSICIA	ANTECEDEN  OR CONDITIO  OR CONDITIO  OR CONDITIO  OR CONDITIO  III  IFICANT CON  EATH BUT  CONDITION  OPERATION  NT WAS UND  JTING CAU  medical exom  (Month) (Do  that (1) this  last saw the  d fram the course	T CAUSES T CAUSES ONS, if ause (A) N last, NOT REL CAUSING 19B. CON WAS PER DERLYING SEE OF nines) oy) (Year)	any, giving stoling the stoling the stoling the stoling the stoling the stolength of the st	B. PLACE OF INJURT (e.g., mme, larm, factory, street, c.)  E. INJURT OCCURRED (hile At  Not Widork  At Work  Not Widork)  The deceased fram  M.D. A	20 A. AUTOPSY? (Yes or N NO in or obout 21 C. WHERE DID affice bldg., INJURT OCCUR?  21 F. HOW DID IN. ile 19 and the view the bady after death.  Med. pisc. Director	20B. IF YES, WERE IN CERTIFYING C.  (If in Bottime  JURT OCCUR?  19ta hat in my) (aur) as	E FINDINGS CONSIDER AUSES OF DEATH?  Dre City, give exact loc  pinian death accurre	otion)
MEDICAL CERTIFIC	DISEASES (rise to the UNDERLYING) OTHER SIGNITO THE DISEASE OR 19A. DATE OF 21A. ACCIDED OR CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (1) (we) and haur and 23A. SIGNATU	ANTECEDEN  OR CONDITIO  OR CONDITIO  OR CONDITIO  OR CONDITIO  IFICANT CON EATH BUT CONDITION  OPERATION  OPERATION  (Month) (D.  that (1) this last saw the d fram the co	T CAUSES ONS, if ause (A) N last.  DITIONS (NOT REL. CAUSING 19B. CON WAS PER DERLYING ISE OF niner) oy) (Year)  s haspita e deceas	any, giving stoling the stoling the stoling the stoling the stoling the stolength of the st	B. PLACE OF INJURT (e.g., mme, larm, factory, street, c.)  E. INJURT OCCURRED (hile At  Not Widork  At Work  Not Widork)  The deceased fram  M.D. A	20A. AUTOPSY? (Yes or N  NO in or obout 21C. WHERE DID affice bidg., INJURT OCCUR?  21F. HOW DID IN. ile  19 and the view the bady after death.  tlending Med. Director 23D. ADDRESS Baltimo	208. IF YES, WERE IN CERTIFYING C.  (If in Bottime  URT OCCUR?  19ta	E FINDINGS CONSIDER AUSES OF DEATH?  Dre City, give exact loc  pinian death accurre	otion)
MEDICAL CERTIFIC	DISEASES (rise to the UNDERLYING) OTHER SIGNITO THE DISEASE OR 19A. DATE OF 21A. ACCIDED OR CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (1) (we) and haur and 23A. SIGNATU	ANTECEDEN  OR CONDITIO  OR CONDITIO  OR CONDITIO  IFICANT CON EATH BUT CONDITION  OPERATION  OPERATION  (Month) (Do  that (1) (this last saw th d from the co  ORE  ORE  ORE  ORE  ORE  ORE  ORE  OR	T CAUSES ONS, if ause (A) N last.  DITIONS (NOT REL. CAUSING 19B. CON WAS PER DERLYING ISE OF niner) oy) (Year)  s haspita e deceas	any, giving stoling the stoling the stoling the stoling the stoling the stolength of the st	B PLACE OF INJURT (e.g., me, lorm, factory, street, cold)  E INJURT OCCURRED  While At Not With the deceased from  (I) (We) (did) (did nat)  M.D. A	20A. AUTOPSY? (Yes or N NO in or obout 21C. WHERE DID affice bidg., INJURT OCCUR?  21F. HOW DID IN. ile  19 and th view the bady after death.  1ending Med. Director 23D. ADDRESS Baltimo 4940 Eastern Av REMATORY 24D. I	208. IF YES, WERE IN CERTIFYING C.  (If in Bottime  URT OCCUR?  19ta	E FINDINGS CONSIDER AUSES OF DEATH?  DIE City, give exact loc  23B. DATE SIGNED	otion)

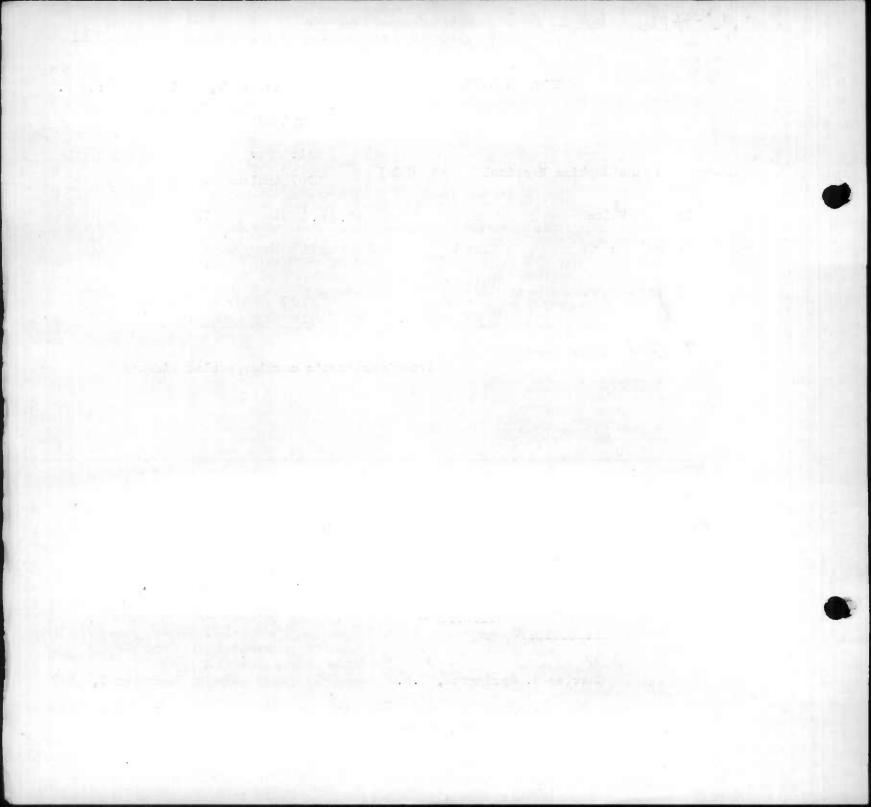


67 11762 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11762

44.5 GASS NO	7412	DICAL LA	AMII ALICO CI	EKTITICATE OF I	JEA I I Regist	
M.E. CASE NO				2 DATE AN	D HOUR PRONOUNC	ED DEAD
(Type or Print)	J. C.	T 17777 3/4	DDTC \			
3. PLACE IN B.	ALTIMORE, MARYLAND,		RRIS ) Morri	S Dec	ember 4, 19	67 10:45 a.m. titution: residence before odmission
				A. SIAIE	8. CO	UNTY
FULL NAME CHOSPITAL OR	F (IF NOT IN HOS	PITAL OR INSTITU	JTION, GIVE STREET	Marylan c. CITY OR TOWN (If outsid		e MURAL and size to waship)
INSTITUTION	ADDRESS OR CO	CAHON				1-01
) 510 5	D 1111 C			Baltimor		
) 213 W	. Biddle St.			D. STREET ADDRESS (If rurol,	give locotion)	,
5 000	1/ 0.456	17 *****		513 W. Bide		
5. SEX	6. RACE	WIDOWED,	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months, Doys, Hours, Min.
Male	Colored		?	?	70	
	CUPATION (Give kind of vo		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
- 1	rer	0)				WHAT COUNTRY.
13. FATHER'S N	AME			14. MOTHER'S MAIDEN NAM	E	
Tasl	Manuic			Maddin David		
	ASED EVER IN U.S. ARM		16. SOCIAL	Mattie Dent		ADDRESS
(Yes, no or unkno	wn) (If yes, give wor or o	dotes of service)	SECURITY NO.	10 10 10 10 10 10 10 10 10 10 10 10 10 1		/
?				MRs Mildred Wi	lliams ,	631 W Mulberry S
18.	2001		CAUSE	OF DEATH		ONSET AND DEATH
RISE TO UNDERL	ES OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LAS	STATING THE				
TO TH	E DEATH BUT NOT		HE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	******************************	
0	OF OPERATION 198. C		WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	
2TA. EXTER	NAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimore City, gi	ive exact location)
	GOR CONTRIB- AUSE OF DEATH.	etc.)	, torm, toctory, street, o	ffice bldg., INJURY OCCUR?		
E 21D TIME	(Month) (Doy) (Y	(eot) (Hout) 2	1E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
OF INJURY				WHILE		
22.		m. V	VORK AT W	ORK		
	ertify that I held on	Inquiry 🗌	Inspection X Aut	opsy ond that on thi	is basis, death In r	my opinion
re	sulted from: Natural	causes X	ccident Suicid	e Homicide	Indetermined monn	er
	01		11	CHIEF MEDICAL EX		
ACTU		1: 1	- + ···	ASSISTANT MEDICAL EX		DATE SIGNED
	ATURE ATURE		M.D.	ASSOCIATE MEDICAL EX		
		es S. Sn	ringate, M.D.	ASSOCIATE MEDICAL EX		Docombon / 1067
23A. BURIAL C	REMATION, 238, DATE		C. NAME of CEMETERY of	CREMATORY 23D. L		December 4, 1967, town, or county) (Stote)
REMOVAL (Spe Buri		167	Mt Calvary C	emetry A	A County	Md
24A. DATE REC	D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS
	DEC 8 1967	0 6. 6	2. Fallows	Adolphus Ha	1stead 1206	W North Ave
1/C 1/C1 DE1/ 3	77.4.5					



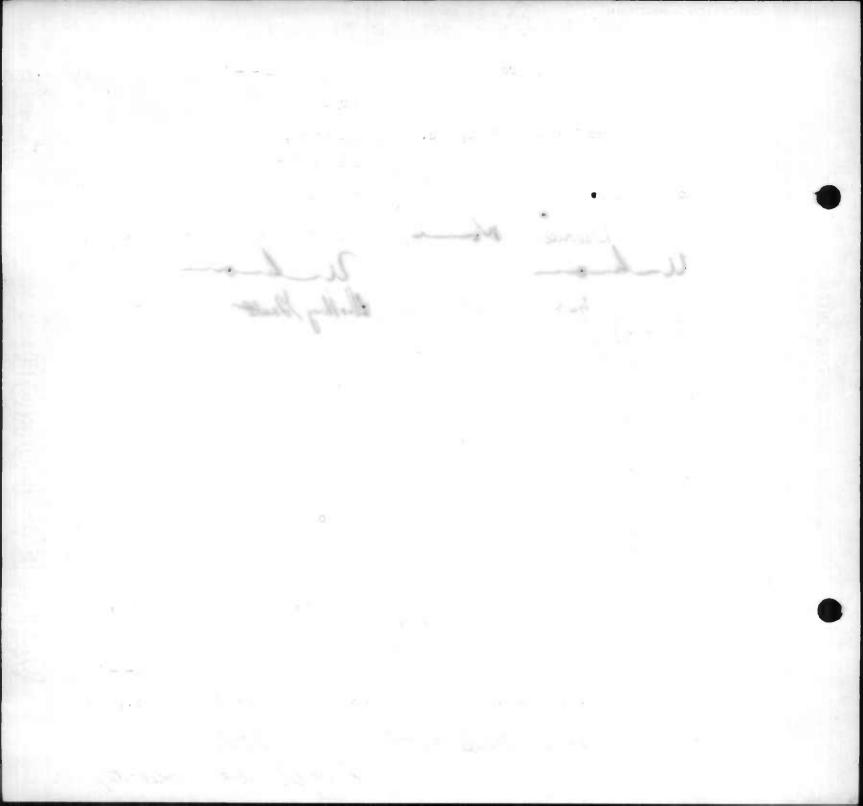
VS 150-REV, 1/1/65



## FUNERAL DIRECTOR: MAPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

B-650 00 der	BALTIMORE CIT	Y HEALTH DEPARTMENT		ON ASTOR
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	. 67 11765
M.E. CASE NO.  1, NAME OF DECEASED (Type or Print)		2. DATE AN	ND HOUR OF DEAT	Н
Guy Bro	own	12.	-5-67	5:20 P. A
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	re deceased lived. If NTY	institution: residence before admission
FULL NAME OF (If not in hospital or institution oddress or location)	ion, give street	Maryland		
INSTITUTION	attal To.		tside city (imits, writ	e RURAL ond give township)
Provident Hosp	pital, inc.	Baltimore, D. STREET ADDRESS (IF	rurol, give location)	17 9
57		1814 Madison	Avenue	
Male Negro 7. MARR WIDO	NED, NEVER MARRIED (Specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 10B, KINE	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Duouse-	None	moth On	uolina	11812
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	20.0.1
Uh		11 - 6		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of servi	16. SOCIAL	17. INFORMANT		ADDRESS
Tes, no or unknown/ lit yes, give wor or doles of serving	SECURITY NO.	11. H. M.	na-	2018. 1- De
18. 7 9 2 9 1	CAUSE (	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		0	7	ONSET AND DEATH
LEADING TO DEATH	(A)	Mode , ali	0 .	
(This daes not meon the made of dying, heart failure, asthenio, etc. It meons the dise				
injury or complication which coused deoth.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, il any, giv				
rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	The (C)			
II				
O THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.	-	100		
198. CONDITION FOR SPERFORMED	OR WHICH OPERATION	ZUA. AUTOPSY? ITES OF NO	IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Beltim	nore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		.,, , ,
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	IIIBY OCCUP?	
OF INJURY	While At Not Wh		OKI OCCOR:	
(APPROX.)	Work At Work			
22. I certify that (1) (this hospital) attended	ed the deceased from	lovember 30,	1967 to Dec	ember 5, 1967
that (1) (we) lost sow the deceased alive	on December 5,	1967 ond th	not in (my) (our) o	pinion death occurred on the de
and hour and from the causes stated above	e. (1) (We) (dld) (did not)	view the body after deoth.		
23A. SIGNATURE				23 B. DATE SIGNED
Laneld	M.D. At	rending Med. Director	Stoff Phys.	12-6-67
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Dr.C.Lared	O M.D.	1514 Division S	Street	Balto., Maryland
	C. NAME of CEMETERY of CI	EMATORY 24D. L	OCATION	(City, Joyn, or county) (Stote)
m a	Balton Al	1.1	2011	3,0
BULLUL 12-11-61 1 25A. DATE REC'D, BY HEALTH DEPT. 25B. NAM	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1000 /1	ADDRESS
DEC 8 1967 Res 5 8	, Farber M. S.	Blue MY	· land lead	Ream HArile
VS 150-REV. 1/1/65		Levoy WI	Mary Ord	seerely in



		FUNERAL	DIRECTOR:	FUNERAL DIRECTOR: IMPORTANT		2
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	roved by the hospitally nature;	he chief med I by a medic (2) Body burn	ical examiner. cal examiner. ns; (3) A fractu	or his assistan Also, if the d re of any kind;	rect or contributing (4) Undetermined ca	n a hospital and cause of death use; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	xcept whe and (6) No btained be	physician we physician we store the rem	ician who pro as in regular ains are emba	nounced death attendance or Imed or final d	except where the physician who pronounced death was in regular at and (6) No physician was in regular attendance on the deceased priorbtained before the remains are embalmed or final disposition is made.	r to death. Such

	67 1176	BALTIMORE CITY	HEALTH DEPARTMENT		CM 44 MCC
BIRT	H NO.	CERTIFICA	TE OF DEATH	Registered Na	01 11/00
1, N	AME OF DECEASED  O I Print)  Mary Karl	owske.	2. DATE AN	HOUR OF DEATH	10-1-CA
3. F	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		stitution: residence before admission)
F	FULL NAME OF (If not in hospital or institut oddress or location)  NSTITUTION  Church Home and		A. STATE B. COUN  MD  C. CITY OR TOWN (If out  BALT)  D. STREET ADDRESS (IF	Iside city limits, write F MORE rutol, give location)	RURAL ond give township)
			BOX115 BURKEI		
5. \$	WF W MAN	HED, NEVER MARRIED (Specify)	12/8/1894	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work) 108, KINI o during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	Balto . N		12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME John Futia	L	14. MOTHER'S MAIDEN NAM	ME	
15. Yes	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	Tulia Orgal	lek RT.	15 BOX 612 B
	18. I DISEASE OF CONDITION DIRECTLY	CAUSE O	F DEATH &		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)	renea	08488	unhum
	(This daes nat mean the made of dying, heart failuse, asthenia, etc. It means the dise injusy ar camplication which caused death.)  ANTECEDENT CAUSES	qse.	setie las	Diey De	nau "
	DISEASES OR CONDITIONS, if any. girise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	beto the	elrlus	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	ON CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	e City, give exact location)
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While Work  Not While At Work	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this hospital) attend	ed the deceased fram	12/5	19 6 2 ta	2 / 6 7,
	that (1) (we) last saw the deceased alive and haur and from the causes stated abav		19and th	at in (my) (our) opi	nian death accurred an the date
	23A. SIGNATURE	01 (1) (110) (010) (010 1101)	Tow the stay effect death.		23 B. DATE SIGNED
	NENITA SUA	1262 M.D. Atte	ending Med. Director	Stoff Phys.	12/6/67
	23C. PHYSICIAN'S NAME (Type) Results	Lucy M.D.	Chuch	(fonce	of Charp.
24A	BURIAL CREMATION, 248, DATE 24	TOLYRedez	6 7	OCATION (C)	ty, town, or county) (Stote)
25 A	DATE REC'D BY HEALTH DEPT. 258. NAI	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	11 (6: 26)	INF BADDRESS CF
VS	150-REV, 1/1/65	W -,	P: (/H 15/7 0 C	2 31/401	ah Anilo, 2,

France L. More Son S. Mary P. L. Marinda conformal 12/8 72 Balto. Md. John Frutis Errash 21 To Commence of the Commence of th Dateler leaving bear Radite Frederica e es estable WEILTH SURIEFE divide Lucy advad you + 11-

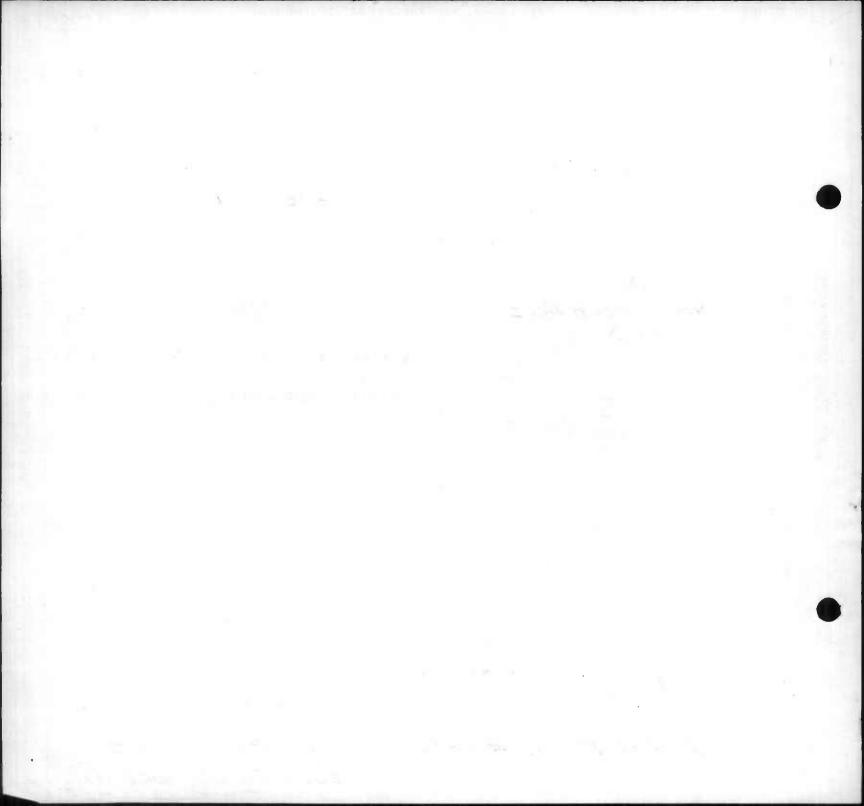
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	X
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
WOODROW W. RICHTER, S.	December 7, 1967 3:10 p.m.  [4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
31	D. STREET ADDRESS (If rurol, give locotion)
Mercy Hospital D.O.A.	1-3
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	1200 Beach Promenade Ave.  B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.
Male White MARRIED	DEC. 10, 1918 lost birthdoy) Months Doys Hours Min.
JOA, USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
ELECTRICIAN DAIRY TRODUCTS.	MARYLAND U.S.A.
13, FATHER'S NAME	14. MOTHER'S MANDEN NAME
("HARLES RICHTER	LOUISA SCHWARTZ
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS
NO NONE	MARJORIE RICHTER 1200 BEACH FOMENAD
	E OF DEATH INTERVAL BETWEEN
DISTACT OR CONDITION DIRECTLY	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	eriosclerotic Cardiovascular Disease
(This does not meen the mode of dying, e.g., heart foilure, ostherio, etc. It means the discose, injury or complication which caused death.)	
ANTECTORNE	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	YES YES
21 A. EXTERNAL CAUSE WAS 21 B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB-	office bidg, INJURY OCCUR?
Z 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT	WHILE WORK
22. I certify that I held an Inquiry Inspection Au	ond that on this basis, death in my opinian
resulted from: Natural causes X Accident Suicident	
resulted from: Notation courses	CHIEF MEDICAL EXAMINER
ACTUAL SA DETULE	ASSISTANT MEDICAL EXAMINER A
	ASSOCIATE MEDICAL EXAMINER
EXAMINER'S NAME (Type) Edward F. Wilson, M.D.	December 8, 1967
23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	
BURIAL 12-11-67 LOYDON	PARK BALTIMORE, Md
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR DEC 8 1967 Recent & Landen M.	24C. FUNERAL DIRECTOR
VS 151-REV. 1/1/65	Warson 14. More of the first of the

7-11-0

Hardel St. Dec. 19, 1918 # 45 ELECTRICION Danie Traducto Many Land of Col Charles PickTen . Louise Schonetz and the sund of the State of th Land of the grant was been been to as I

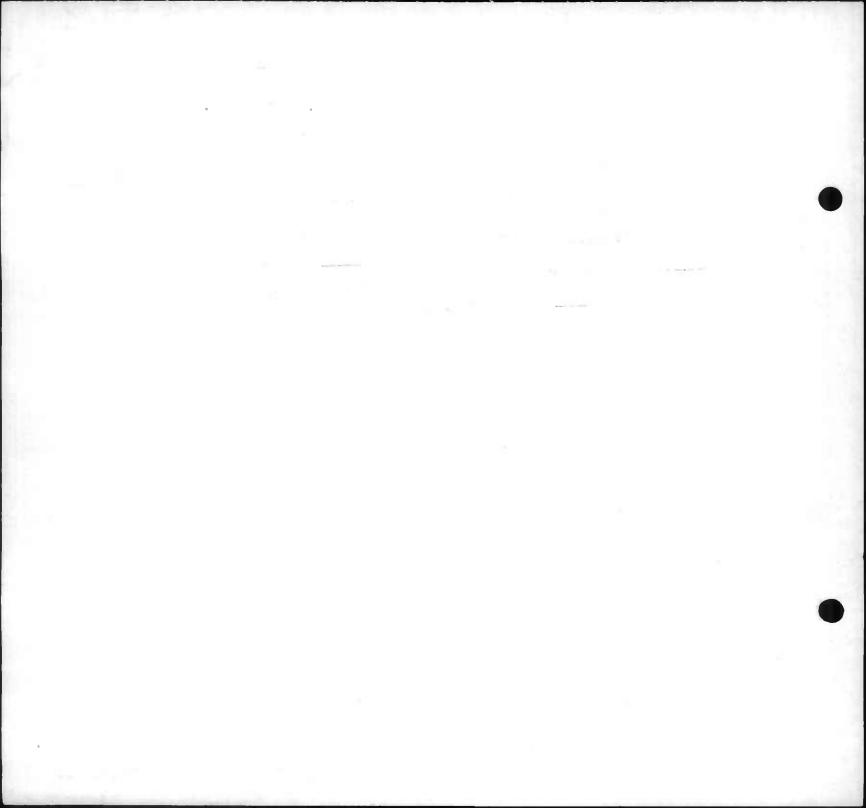
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
seistant if death occu
ha chief madical axaminar or his assistant
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BIRT		U	6 777	BALTIMORE CITY			67 11700
l	67 11768 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 67 11768						
1. N	L CASE NO.	EASED			2. DATE	AND HOUR OF DEATH	
(Typ	ype or Print) Magnetical C Differen						
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission) A, STATE B, COUNTY				
1	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION		Maryland  C. CITY OR TOWN (If outside city limits, write RUAL and give township)  Baltimore  D. STREET ADDRESS (If rurol, give location)				
	JENKINS MEMORIAL HOSPITAL 1000 S caton Ave. Baltimore, Md. 21229						
					504 Charing Cross Rd. 21229		
5. \$	ex M	6. RACE	WIDOWED	NEVER MARRIED  D. DIVORCED (specify)  idowed	B. DATE OF BIRTH  12-5-1896	9. AGE (In years lost birthd /)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
			OB. KIND OF	BUSINESS OR INDUSTRY	1). BIRTHPLACE (Stole or	foreign countr,	12. CITIZEN OF
don	0 -	working life, even if retired)					WHAT COUNTRY?
12	Salesman Business		siness	Baltimore Md USA			
13.		slaus Butta			Mary Prok		
5.	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
105	S, HO OF UNKNOWN)	(If yes, give wor or dote	s or servicel	SECURITY NO.	M D K	ohler	
-	AE8	WORLD WA	FRI	213 03 3756 1	Medic	al Records- J	
	DISEASE OR CONDITION DIRECTLY				A		INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH of mean the made of	dvina aa	(A) COV	obial vascul	or ecciclen	E 48 445
	heart failure,	asthenia, etc. It means	the disease,	00110			
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  (B) Core Pied artemos Sciences					1.650.6	
	A	ANTECEDENT CAUSES		(B) CTO	Pres averyo	50000515	
	DISEASES O	OR CONDITIONS, if	any, giving	000.0			
	rise to the	abave cause (A)		(C)			0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	UNDERLYING CONDITION last.						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  Chrome Brain Syndrome 7 Yes.						
CERTIFIC.	19A. DATE OF OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	OR CONTRIBUTING CAUSE OF home form foctory street office bldg. IN ILLRY OCCUR?						
	DEATH (notify	medical examiner	etc.,				
CAL							
AL	21D. TIME OF INJURY (APPROX.)	medical examiner) (Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED		INJURY OCCUR?	
DICAL	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21 E. Whi	INJURY OCCURRED ile At Not While tk At Work			
DICAL	21D. TIME OF INJURY (APPROX.) 22. I certify	(Month) (Doy) (Year)	(Hour) 21 E. Whi Wo	INJURY OCCURRED ile At Not While tk At Work	3/3/	19 65 10	12/7 19 97
DICAL	21D. TIME OF INJURY (APPROX.) 22. I certify	(Month) (Doy) (Year)	(Hour) 21 E. Whi Wo	INJURY OCCURRED ile At Not While tk At Work	3/3/	19 65 10	
DICAL	21D. TIME OF INJURY (APPROX.) 22. I certify that (#) (we)	(Month) (Day) (Year)  that (T) (this hospital lost saw the decease	(Hour) 21E. Whi Wo	injury Occurred  Not While At Work  he deceased from	3/3/	19 65 10	
DICAL	21D. TIME OF INJURY (APPROX.) 22. I certify that (#) (we)	that (1) (this hospital lost saw the deceased from the causes star	(Hour) 21E. Whi Wo	injury Occurred  Not While At Work  he deceased from	3/3/ 19.6.7 and	19 65 10	
DICAL	21D. TIME OF INJURY (APPROX.)  22. I certify that (#) (we) and haur and	that (1) (this hospital lost saw the deceased from the causes star	(Hour) 21E. Whi Wo	iNJURY OCCURRED  ile At Not Whith At Work  he deceased from  (We) (did) (didnet) v	19.67 and iew the bady after deat	that in (my) (aur) api	nian death accurred an the da
DICAL	21D. TIME OF INJURY (APPROX.)  22. I certify that (#) (we) and haur and 23A. SIGNATU	that (1) (this hospital lost saw the deceased from the causes state RE	(Hour) 21E. Whi Wo	injury Occurred  ile At Not Whith At Work the deceased from  (We) (did) (didnet) v  M.D. Atte Phy	19.67 and iew the bady after death	19 (5 to	nian death accurred an the da
DICAL	21D. TIME OF INJURY (APPROX.)  22. I certify that (#) (we) and haur and	(Month) (Doy) (Year)  that (T) (this hospital lost saw the decease of from the causes stated from the cause stated from the caus	(Hour) 21E. Whi Wo	ilinjury Occurred  ile At Not Whith At Work  the deceased fram  (We) (did) (didnet) v  M.D. Atte Phy	19.67 and iew the bady after deat	that in (my) (aur) api	nian death accurred an the da
MEDICAL	21D. TIME OF INJURY (APPROX.)  22. I certify that (#) (we) and haur and 23A. SIGNATU  23C. PHYSICIA NAME (T)	that (T) (this hospital lost saw the decease of from the causes stated from the cause stated from t	(Hour) 21 E. Whi wo	ilinjury Occurred  ile At Not Whith At Work  the deceased fram  (We) (did) (didnet) v  M.D. Atte Phy	19 7 and iew the bady after deal iew the bady after deal iew.  nding X Med. 5. Director X 23D. ADDRESS JENKINS MEM¹L	that in (my) (aur) api th.  Stoff Phys.  HOSP -1000 S	23B. DATE SIGNED
MEDICAL	21D. TIME OF INJURY (APPROX.)  22. I certify that (#) (we) and haur and 23A. SIGNATU  23C. PHYSICIA NAME (T)	that (T) (this hospital lost saw the decease of from the causes stated from the cause stated from t	(Hour) 21 E. Whi wo	injury occurred  ile At Not White At Work  he deceased fram  (We) (did) (didnet) v  M.D. Atte Phy  M.D.	19 7 and iew the bady after deal iew the bady after deal iew.  nding X Med. 5. Director X 23D. ADDRESS JENKINS MEM¹L	that in (my) (aur) api th.  Stoff Phys.  HOSP -1000 S	23B DATE SIGNED  [23F G 7]  Caton Ave.
MEDICAL	21D. TIME OF INJURY (APPROX.)  22. I certify that (#) (we) and haur and 23A. SIGNATU  23C. PHYSICIA NAME (T)  BURIAL CREM REMOVAL (S)	(Month) (Doy) (Year)  that (T) (this hospital lost saw the decease of from the causes stated from the cause stated from the c	(Hour) 21E. Whi wo	ile At Not Whith At Work the deceased fram N.D. Atter Phy	19 7 and iew the bady after death inding X Med.  23D. ADDRESS JENKINS MEM¹ L  MATORY 24D	that in (my) (aur) api th.  Stoff Phys.  HOSP -1000 S	23B. DATE SIGNED  (Stote)
MEDICAL	21D. TIME OF INJURY (APPROX.)  22. I certify that (#) (we) and haur and 23A. SIGNATU  23C. PHYSICIA NAME (T)	that (T) (this hospital lost saw the decease of from the causes stated from the cause stated from t	(Hour) 21 E. Whi wo	ile At Not Whith At Work the deceased fram N.D. Atter Phy	19 7 and iew the bady after deal iew the bady after deal iew.  nding X Med. 5. Director X 23D. ADDRESS JENKINS MEM¹L	that in (my) (aur) api th.  Stoff Phys.  HOSP -1000 S	23B DATE SIGNED  [23F G 7]  Caton Ave.
MEDICAL	21D. TIME OF INJURY (APPROX.)  22. I certify that (#) (we) and haur and 23A. SIGNATU  23C. PHYSICIA NAME (T)  BURIAL CREM REMOVAL (S)	(Month) (Doy) (Year)  that (T) (this hospital lost saw the decease d from the causes sta  RE  Paymond (N'S) (Pe) RAYMOND GL  MATION, 24B. DATE Specify)	(Hour) 21E. Whi wo	ile At Not Whith At Work the deceased fram N.D. Atter Phy	19 7 and iew the bady after death inding X Med.  23D. ADDRESS JENKINS MEM¹ L  MATORY 24D	that in (my) (aur) api th.  Stoff Phys.  HOSP -1000 S	238. DATE SIGNED    248. D



VS 150-REV. 1/1/65

21	0/ 11/03	CITY HEALTH DEPARTMENT
0 5	RTH NO.  LE CASE NO.	CATE OF DEATH Registered No. 67 11769
1.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	Catherine Semma	12-7-67 2:30P M.  [4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
۰	PLACE OF DEATH IN BALLIMORS, MARILAND	A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, with RURAL and five township)
	INSTITUTION	Baltimore 6
1	0	D. STREET ADDRESS (If rurol, give locotion)
_	Bolton Hill Nursing Home	Maryland
	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	
	Female White Widowed  A. USUAL OCCUPATION (Give kind of work 10.8, KIND OF BUSINESS OR INDUS	12-1-96 71 STRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF
	ne during most of working life, even if retired)	WHAT COUNTRY?
	Retired Seamstress Tailor Shop	Russia USA
		Unkown Martha Kerloff
15	Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	
(Y	es, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	John Semma 6/30 Boston Street
_	210-20-521	434 Boltol Hill Records
	3391	ONSET AND DEATH
	LEADING TO DEATH	rement cerebal Chambrain 3 days
	(This does not mean the mode of dying, e.g., DUETO heart foilure, asthenia, etc. It means the disease,	Cerebral Central Thankon 3 hy
	injury or complication which coused death.)	Cerebral Certerioschangia Unknown
	ANTECEDENT CAUSES  OBJUST TO  DISEASES OR CONDITIONS, if ony, giving	
	rise to the obove couse (A) stoting the (C)	
	UNDERLYING CONDITION lost.	
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	2 8 11 2 b · h.
ATION		invaclable Heart Sussess Transce
PRTIEIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
010	D 21A. ACCIDENT WAS UNDERLYING 1218. PLACE OF INJURY (e	.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
IV.	( DEATH (notify medical examiner) etc.)	i, office bldg., INJURY OCCUR?
MEDIC	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
AA	OF INJURY (APPROX.) White At   Not   Work   At V	While
	22. I certify that (I) (this hospital) attended the deceased from	Dr 29 19 67 10 Dec 7 19 67,
	h	19 47 and that in(my) (aur) opinion death occurred on the date
	ond haur ond fram the causes stoted obave. (I) (We) (did) (did no	
	23A. SIGNATURE	23B. DATE SIGNED
	Robert J. Anset M.D.	Attending Amed. Stoff Phys.   12/3/(7
	23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS
		1.0. 3817 COPLEY &D, &ALTO.15
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or REMOVAL (Specify)	
-	Burial Dec 11 67 Holy Trinity	
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	The Dippel Bros Inc 1800 E Lombard St
1	DEC 8 1967 (2.0. 15 2. Jakenson	THE DIDLOT DIOS THE TOOL IS TONINGIA OF



PRACE OF DEATH IN BALTWOOK MARKAND M. JUSTIAL RESIDENCE TOWN of Coccessed Treed, 10 institution, residence before addressed to Country Coccessed Treed, 10 institution, residence before addressed to Country Coccessed Treed, 10 institution, residence before addressed to Country Coccessed Treed, 10 institution, residence before addressed to Country Coccessed Treed, 10 institution, residence before addressed to Country Coccessed Treed, 10 institution, residence before addressed to Country Coccessed Treed, 10 institution, residence before addressed to Country Coccessed Treed, 10 institution, residence before addressed to Country Coccessed Treed, 10 institution, residence before addressed to Country Coccessed Treed, 10 institution, residence before addressed to Country Coccessed Treed, 10 institution, residence before addressed to Country Coccessed Treed, 10 institution, residence before addressed to Country Coccessed Treed, 10 institution, residence before addressed to Country Coccessed Treed, 10 institution, residence before addressed to Country Coccessed Treed, 10 institution, residence before addressed to Country Coccessed Treed, 10 institution, residence before addressed to Country Coccessed Treed, 10 institution, residence before addressed to Country Coccessed Treed, 10 institution, residence before addressed to Country Coccessed Treed, 10 institution, residence before addressed to Country Coccessed Treed, 10 institution, residence before addressed to Country Coccessed Treed, 10 institution, residence before addressed to Treed, 10 institution, residence before addressed to Treed, 10 institution, residence before addressed to Treed, 10 institution, residence and provided to Country Coccessed Treed, 10 institution, residence and provided to Country Treed, 10 institution, residence and residenc	H-536 07 1		Y HEALTH DEPARTMENT		67 11770	
FARCE OF DEATH IN PARTIMORY MARRAND M. JULIAN P. J.		1//U CERTIFICA	ATE OF DEATH	Registered No	97. 11//0	
PLACE OF DEATH IN BATIMORE MARILAND  PLE NAME OF COMMENT OF CONTROLLING MARILAND  PLE NAME OF COMMENT OF COMME	NAME OF DECEASED 2. DATE AND HOUR OF DEATH					
FULL NAME OF Ill not in begind or institution, give sheet HOSPITAL OR ENGINEER PLANT OF SHEET ADDRESS (Ill runk, wite RURAL and give powhhol)  The sheet of the s	D. ertha			6/67	1:101	
HOSPITAL OR  WITH DOMESS  HOSPITAL OR  HOSPITAL  HOSPITAL OR  HOSPITAL  HOSPITAL OR  HOSPITAL  HOSPITAL  HOSPITAL  HOSPITAL  HOSPITAL  HOSPITAL  HOSPITAL  HOSPITAL  HOSPITAL	3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND		deceosed lived. If inst	itutian; residence belore admissia	
DEATH ODDERS III TOTAL QUE ISCOTION   STREET ADDEES III TOTAL QUE IS ADDEED IN MINISTER III TOTAL QUE IS		stitution, give street	Ind.			
MANUAL PLANS A PAREELD NIVER MARRIED B. DATE OF BIRTH CASES ST. MILLION OF BUSINESS DISORDER	INSTITUTION dodless di lacalidati		C, CITY OR TOWN (If outsid	e city limits, write RU	RAL and giv awaship)	
MODURED, DIVORCED (specify)  NEXUAL OCCUPATION ((ive lind of weak) (lock KIND OF BUSINESS OR INDUSTRY 11. BIRTHPACE (State or foreign country)  PATHEES NAME  TATHEES NAME  THE COUNTRY?  Was Deceased Feve in U. S. Amed Faces of service)  SECURITY NO.  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heard foliuse, estheria, etc. II means the disease, injury or complication which couses death).  ANTECEDENT CAUSES  OF CONDITIONS (A) story, giving lise to the above couse (A) story in the obove couse (A) story in the obov	38		D. STREET ADDRESS (III rure	al, give facation)		
MODURED DIVORCED (specify)  Notation Occupation (live inited weak look KIND OF BUSINESS OR INDUSTRY 11. BIRTHRACE (state or foreign country)  PATHEES NAME  TATHEES NAME  TATHEES NAME  TO THE DESCRIPTION OF THE CONTROL OF STORY O	Vinceristed Hospi	tal	1207 W 6	noss St		
ADJACE CONDITION SCONTIBUTING  CONTRIBUTION SCONTIBUTING  CONTRIBUTION CONTIBUTION SCONTIBUTING  TO THE DESCRIPTION CONTIBUTION SCONTIBUTING  CONTRIBUTION CONTIBUTION SCONTIBUTION SCONTIBUTION  CONTRIBUTION CONTIBUTION SCONTIBUTION  CONTRIBUTION CONTRIBUTION SCONTIBUTION SCONTIBUTION  CONTRIBUTION CONTRIBUTION SCONTIBUTION SCONTIBUTIO					If Under 1 Yr. If Under 24 Hi	
THE COUNTERS NAME  FATHER'S NAME  FATHER'S NAME  THE COUNTERS NAME  TH	Bemele white		11/19 / 1000	6 9	Monins Days Hours Min.	
FATHERS NAME  FATHERS NAME  Was Deceased Eve in U. S. Armed Forces?  ADDRESS OR CONDITION DIRECTLY  LEADING TO DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A)  Was advantaged and interest the deceased in the mode of dying, e.g., injury or complication which coused death.  ANTECEDENT CAUSES  IB AUSTRALIA FOR INTEREST AND DEATH  ANTECEDENT CAUSES  (B)  DUE TO  DISEASES OR CONDITIONS, if any, giving tiss to the above couse (A) stoling the UNDERTRING CONDITION Is.  DISEASES OR CONDITIONS, if any, giving tiss to the above couse (A) stoling the UNDERTRING CONDITION Is.  OTHER SIGNIFICANT CONDITION SON TREATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS AUDITARING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS AUDITARING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS AUDITARING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS AUDITARING TO THE DISEASE OR CONDITIONS AUDI		KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	country)		
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18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., Inquiry or complication which caused death.)  ANTECEDENT CAUSE  DISEASE OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSE OF DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  12. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  13. ACCIDENT WAS UNDERLYING TO THE DISEASE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  21. ACCIDENT WAS UNDERLYING TO THE DISEASE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  22. Learlify that (1) (this haspital) attended the deceased from MCLAULE (A) While AI Work AI Work Work AI Work Work AI Work CONDITION CAUSES OF DISEASE OR CONDITION CAUSES OF DISEASE OR CONDITION CAUSES OR CONDITION FOR WHICH OPERATION WAS PERFORMED  10. THAT WAS UNDERLYING TO THE CAUSE OF DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  11. ACCIDENT WAS UNDERLYING TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  12. ACCIDENT WAS UNDERLYING TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  12. ACCIDENT WAS UNDERLYING TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  12. ACCIDENT WAS UNDERLYING TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		4.001	
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DEATH (natily medical examiner)    DEATH (natily medical examiner)	WAS PERFORA	AED.	no	IN CERHITING CAU	SES OF DEATH!	
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Capprox.   While At   Nat While   At Wark	21D. TIME (Manth) (Doy) (Year) (H			Y OCCUR?		
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23C. HYSICIAN'S NAME (Type)  OF LOCAL SO M.D. 1227 Washington Blud  A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)  REMOVAL ISpecily)  B. L. A. DATE RECTORY HEAVER DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR  Q. ADDRESS  A. DATE RECTORY HEAVER DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR  Q. ADDRESS  A. DATE RECTORY HEAVER DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  Q. ADDRESS  A. DATE RECTORY HEAVER DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  Q. ADDRESS  A. DATE RECTORY HEAVER DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  A. DATE RECTORY HEAVER DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  A. DATE RECTORY HEAVER DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  A. DATE RECTORY HEAVER DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  A. DATE RECTORY HEAVER DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  A. DATE RECTORY HEAVER DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  A. DATE RECTORY HEAVER DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  A. DATE RECTORY HEAVER DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  A. DATE RECTORY HEAVER DEPT. 25B. NAME OF REGISTRAR			,			
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A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)  Burial 12/9/67 Woodlawn Com. Woodlawn Md- A. DATE RECIDIBY HEAPTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 9 ADDRESS	23C. HYSICIAN'S			9	0010	
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)  REMOVAL (Specify)  A. DATE RECIDITY HEAVITH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR  A. DATE RECIDITY HEAVITH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR  A. DATE RECIDITY HEAVITH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	10/1/2/	OCIC SA M.D	1227 Wask	ungtun	Ble 9	
Burial 12/9/67 Woodlawn Com. Woodlawn M	24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or C	REMATORY 24D. LOC	ATION (City	, tawn, ar caunty) (State)	
A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	P 19/17	1 -71 -10	for 101	Al.	200.	
190 (130) (130) 8-9 Fan 11 11 11 11 11 11 11 11 11 11 11 11 11	25A. DATE RECID BY HEALTH DEPT.  25B.	NAME OF REGISTRAR		rycaun	ADDRESS D	
	DEC 0 1361 (500)	& E. Farker MA	11112	ux lon Tu	2 Stalling	
	VS 150-REV. 1/1/65		The state of the s	· seam or a	23 mil	

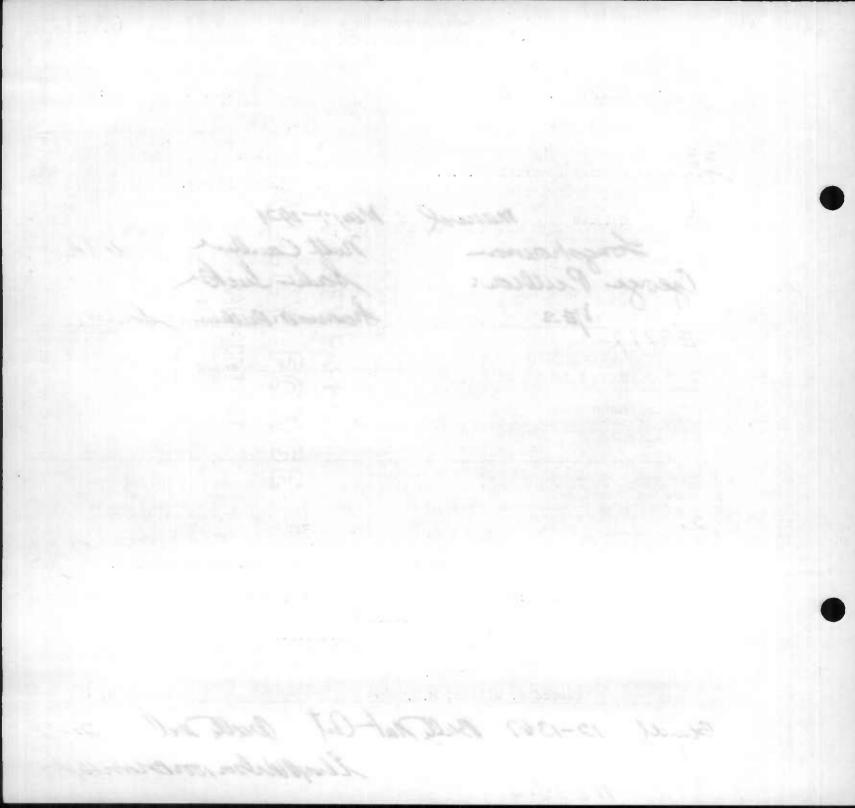
M-63.5 BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 67 11771 CERTIFICATE OF DEATH Registered No. 67 11771
N.E. CASE NO.  1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH
(Type or Print) Martin, Luther 12-7-67 7:15 A N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission)  A. STATE  B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION  Maryland Baltkmore C. CITY OR TOWN (If outside city limits, write RURAL on give township)
Baltimore
The Johns Hopkins Hospital    D. STREET ADDRESS (If rurol, give locotion)   1705 N. Patterson Pk Ave.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr., If Under 24 Hrs.
Married S-16-15   Solithdoy)   Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
LABORER CONSTRUCTION N.C.
13. FATHER'S NAME
Jesse Martin Mary Carter
15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL  17. INFORMANT  SECURITY NO.
NO 224-10-0058 MRS. NANNIE MARTIN 1705 PATIERSON
18. / 8 / , O I CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
TOISÉASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  DUE TO  (A)  DUE TO
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It meons the disease,
injury or complication which coused deoth.)
ANTECEDENT CAUSES  (B)  DUE TO
injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) Crancinany Blades
UNDERLYING CONDITION last.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20B, IF YES, WERE FINDINGS CONSIDERED
(ACCINEM of CACCINEM of CALLY YES IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR?
DEATH (notify medical examine) . f . etc.)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.)  While At Work  Not While At Work
22. I certify that (I) (this hospital) attended the deceased from 12/2 1967 to 12/7 1967
that (I) (we) last sow the deceased alive on 7 / 19 6 ) and that in (my) (our) opinion death occurred on the dat
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
23A. SIGNATURE
Allending Med. Stoff Phys. 12 (7/8)
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
The Johns Hopkins Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL 12/11/67 MT AUBURN CEM. TBALTO. MID.
DEC 8 1961 PLOSE SENAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS WM.C. MARCH 928 E NORTH A
VS 150-REV. 1/1/65

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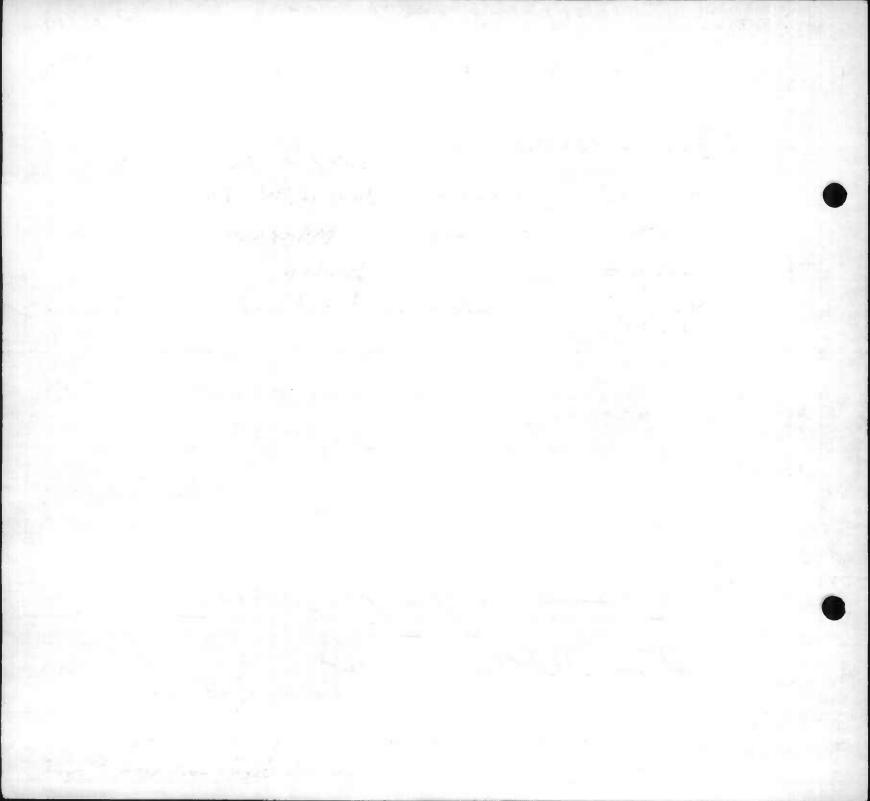
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HARVING PORTS



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death chows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

	CM 44 MM	BALTIMORE CITY H	EALTH DEPARTMENT		C'7 111777			
BIRTH NO.	67 11773	CERTIFICAT	E OF DEATH	Registered Na.	0/ 11/13			
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	NIE CH	LIND	2. DATE AND	HOUR OF DEATH	717:20 N M			
3. PLACE OF DEATH IN BALTI	MORE MARYLAND	4	. USUAL RESIDENCE (Where	deceosed lived. If institu	offen: residence before ofmission)			
	in hospital or institution, gives or laconion)		CITY OR TOWN (If outs)	ide city limits, write BUS	AL and give township)			
3407 W.	COGERS A	VE		rel give location)	a me			
5. SEX 6. RACE	WIDOWED,	EVER MARRIED DIVORCED (specify)	DATE OF BIRTH 1901	AGE (In years, It st birthday)	Under 1 Yr. If Under 24 Hrs.			
to A. USUAL OCCUPATION (Give	kind of work 10B. KIND OF		BIRTHPLACE (Stote or foreign		2. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	part	14	MOTHER'S MAIDEN NAM					
Lowis			BAILEH					
15. Was Deceased Ever in U. S. (Yes, no or unknown) (If yes, give		6. SOCIAL SECURITY NO.	THEORMANT HOLLS	Stund	ADDRESS SOLVE			
DISEASE OR CONTI	O DEATH  mode of dying, e.g.,  li means the disease, ich coused deoth.)  T CAUSES  ONS, if ony, giving	(B) Care	statue care	read	Sereval years			
UNDERLYING CONDITION	N Iosi.  DITIONS CONTRIBUTING NOT RELATED TO THE							
19A. DATE OF OPERATION	19B. CONDITION FOR WI	HICH OPERATION	20A. AUTOPSYS (Yes or No)	20B. IF YES, WERE FINI IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?			
21A. ACCIDENT WAS UNI OR CONTRIBUTING CAU DEATH (notify medical exor	JSE OF home,	LACE OF INJURY (e.g., in a form, factory, street, offic	or obout 21 C. WHERE DID e bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exoct locotion)			
21D. TIME (Month) (D OF INJURY (APPROX.)	oy) (Yeor) (Hour) 21 E. I While Work	NJURY OCCURRED  Not While [ Al Work	21F. HOW DID INJU	RY OCCUR?				
that (1) (we) last saw th	22. I certify that (I) (this hospital) attended the deceased fram 1967 to 1967, that (I) (we) last saw the deceased alive an 2819 and that in (my) (eur) opinion death accurred an the date and have and fram the causes stated above. (I) (we) (did) (did not) view the bady after death.							
23A. SIGN ATURE  23C. PHYSICIAN'S NAME (Type)	17 Ruly	M.D. Attend	ing Med. S	Stoff 23	Det 9,1965			
Seymou	B. DATE 24C. NAM	M.D.	5415 PQV1	CATION IS	5 MVC			
24A. BURIAL CREMATION, 24 REMOVAL (Specify)	2/10/67 Ha	- Werruch	ATORY 24D. LO	LATION (City,	lown, or county) (State)			
25A. DATE REC'D BY HEALTH	, , , , , , , ,		25C. FUNERAL DIRECTOR	Lewison	ADDRESS ADDRESS			
VS 150-REV. 1/1/65	in Alberta		1	2	1.			



1 y p	AME OF DEC	O T T	IĔ	FDO	L_L 2. DAT	8 1967	H
. F	LACE OF DE	ATH IN BALTIM	ORE, MARYLA	AND	4. USUAL RESIDENCE	Where deceased lived. If	institution: residence bet
	ULL NAME C			stitution, give street	Penna.	York	
	NSTITUTION	oddress	or location)		C. CITY OR TOWN	If outside city limits, write	
1	1729	N. Mor	ntford	Ave	Rural D. STREET ADDRESS	(If rural, give location)	wp.
-					N€	w Park	
	EX	6. RACE	7. A	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Months Doys Hou
	emale	White		Widowed	9/19/1876	91	
		WPATION (Give k working life, even		KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNT
	ousewi			Own Home	York (	Co., Penna.	USA
3.	FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
	Amos H					tia Matthe	
5. Yes	Was Deceased , no or unknown	Ever in U. S. A	Armed Forces? for or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Balt
	No				J.R.Scott	,1729 N. M	
	1B. / )	2/1		CAUSE	OF DEATH		INTERVAL ONSET AN
		LEADING TO	DEATH	10	yerioscieroi	DE CALLAS	Jever
		nol meon the			Teriosclevol	Diag.	-94
		asthenia, etc. application which				icales Elve	W-36-
	mory or cor	INDUSTRIBUTE WILLIAM		th !			
				(R)			
		ANTECEDENT	CAUSES	(B)			
	DISEASES		CAUSES NS, if any,	(B)			
	DISEASES (	ANTECEDENT OR CONDITIO	CAUSES NS, if any, use (A) state	(B)			
7	DISEASES (rise to the UNDERLYIN	ANTECEDENT OR CONDITION OR OBOVE COU G CONDITION	CAUSES NS, if any, use (A) stated tast.	(B)DUE TO giving ting the (C)			
TION	DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE D	ANTECEDENT OR CONDITION of obove cau G CONDITION  IFICANT COND SEATH BUT N	CAUSES  NS, if any, use (A) stated that the st	giving ting the (C)			
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AL CERTIFIC	DISEASES (ise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF CONTR	ANTECEDENT OR CONDITION e obove cau G CONDITION  II FICANT COND EATH BUT N CONDITION C. F OPERATION  NT WAS UNDE UTING CAUS , medical examin	CAUSES  NS, if any, use (A) stated and the conditions conditions conditions conditions are conditionally as performed and conditional conditions.	giving giving fing lhe (C)  FRIBUTING TO THE  ON FOR WHICH OPERATION MED  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  our) 21E. INJURY OCCURRED While At Not W	20A. AUTOPSYZ (Yes of the property of the prop	or No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDER CAUSES OF DEATH?
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CAL CERTIFIC	DISEASES rise to th UNDERLYIN  OTHER SIGN TO THE D DISEASE OR 19A. DATE OF  21A. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify	ANTECEDENT OR CONDITION e obove cau G CONDITION  IFICANT COND DEATH BUT N CONDITION C. F OPERATION  INT WAS UNDER UTING CAUS Medical exomin (Month) (Doy  thot (I) (This	CAUSES  NS, if any, se (A) stations CONT RELATED AUSING IT.  19B. CONDITION CONTROL CONTROL CONDITION CONDITION CONDITION CONDITION CONTROL CO	giving giving fing the (C)  IRIBUTING TO THE  ON FOR WHICH OPERATION MED  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  While At Not Work  tended the deposed from the colory of the color of the colory of the color of	20A. AUTOPSY? (Yes  in or obout 21°C. WHERE D office bldg., INJURY OCCU  21F. HOW DID hile hile hile hile when the body ofter decorated and the body of the body.  Med. Med.	or No) 20B. IF YES, WER IN CERTIFYING COR. (If in Bottim Properties of the Propertie	E FINDINGS CONSIDER CAUSES OF DEATH?
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CAL CERTIFIC	DISEASES rise to th UNDERLYIN  OTHER SIGN TO THE D DISEASE OR 19A. DATE OF  21A. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (mailly)	ANTECEDENT  OR CONDITION  The obove cause of CONDITION  IFICANT CONDITION  OF OPERATION  INT WAS UNDER  UTING CAUSE  Medical examin  (Month) (Doy  Thot (I) (This  ) lost sow the  d from the country  ANTS	CAUSES  NS, if any, se (A) stations CONT RELATED AUSING IT.  19B. CONDITION CONTROL CONTROL CONDITION CONDITION CONDITION CONDITION CONTROL CO	giving giving fing the (C)  IRIBUTING TO THE  ON FOR WHICH OPERATION MED  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  While At Not Work  tended the deposed from the colory of the color of the colory of the color of	20A. AUTOPSY? (Yes  in or obout 21°C. WHERE D office bldg., INJURY OCCU  21°F. HOW DIE hile hile hy  19  an  view the body ofter der  Attending hys.  23D. ADDRESS	or No) 20B. IF YES, WER IN CERTIFYING COR. (If in Bottim Properties of the Propertie	E FINDINGS CONSIDER CAUSES OF DEATH?  Ore City, give exoct local l
MEDICAL CERTIFIC	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (Manual Control on the University of the Unive	ANTECEDENT  OR CONDITION  e obove cau G CONDITION  IFICANT COND  JEATH BUT N CONDITION C.  F OPERATION  (Month) (Doy Thot (I) (This ) lost sow the d from the cou	CAUSES  NS, if any, ise (A) stated and state	giving fing lhe (C)  IRIBUTING TO THE  ON FOR WHICH OPERATION MED  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  our) 21E. INJURY OCCURRED While At Not Work At Work  tended the despessed from hobove. (I) (We) (did) (did not make)	20A. AUTOPSYZ (Yes  win or obout 21°C. WHERE D office bldg., INJURY OCCU  21F. HOW DIE hile hile hy  5 19 67  or  view the body ofter der  Attending hys.  23D. ADDRESS  D. 3 202 Hou	OF NO) 20B. IF YES, WER IN CERTIFYING CO.  ID (If in Bottime) INJURY OCCUR?  Indicated that in (my) (1994) of ath.  Stoff Phys	Decombor &
MEDICAL CERTIFIC	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (Manual Control on Contro	ANTECEDENT  OR CONDITIO  The obove cause of condition of	CAUSES  NS, if any, ise (A) stations CONT RELATED AUSING IT.  179B. CONDITION AS PERFORM  RLYING (Year) (Heart) (Heart	giving fing lhe (C)  FRIBUTING TO THE  ON FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  out)  21E. INJURY OCCURRED  While At Not Work  tended the deseased from live on Cobove. (I) (Me) (did) (did not)  M.D.  24C. NAME of CEMETERY or (did)	20A. AUTOPSYZ (Yes  in or obout 21°C. WHERE D office bldg., INJURY OCCU  21F. HOW DIE hile hile hy  5 19 an Oview the body offer decore  23D. ADDRESS D. 3 202 Hou  CREMATORY	Or No) 20B. IF YES, WER IN CERTIFYING COMPANY OCCUR?  19 67 to 10 dt that in (my) (1004) of ath.  Stoff Phys	pinion death occurre  23B. DATE SIGNED  Dec. P.  (City, lown, or county)
MEDICAL CERTIFIC	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (Manual Capped	ANTECEDENT  OR CONDITIO  The obove cause of condition of	CAUSES  NS, if any, ise (A) stations CONT RELATED AUSING IT.  19B. CONDITION CWAS PERFORM  RLYING (H) (Year) (	giving fing lhe (C)  FRIBUTING TO THE  ON FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  out) 21E. INJURY OCCURRED  While At Not Work  tended the degreed from live on Obove. (I) (We) (did) (did not home)  M.D. F	20A. AUTOPSYZ (Yes  in or obout 21°C. WHERE D office bldg., INJURY OCCU  21F. HOW DIE hile hile hy  5 19 an Oview the body offer decore  23D. ADDRESS D. 3 202 Hou  CREMATORY	or No) 20B. IF YES, WER IN CERTIFYING CO.  ID (If in Boltim R? (If in Boltim R) (If in Bolt	pinion death occurre  23B. DATE SIGNED  Dec. P.  (City, lown, or county)

VS 150-REV. 1/1/65

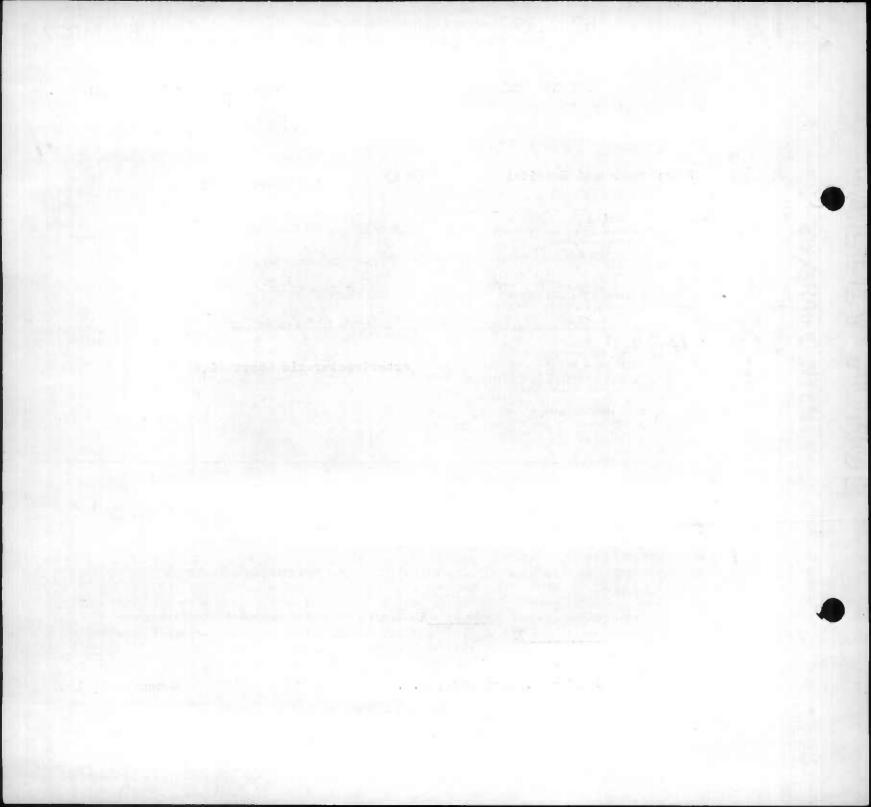
Afterioschendis Corber Several Holes December 9 6 2 December 6 17 3202 Harford Pel Bultimer 188 They is of the father I. Sent

	1-64	17 11775	ATE OF DEATH Registered No	67 11775
	and leath ased the Such	M.E. CASE NO.  1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
		(Type or Print) ARMOND TERRELL	12/6/67	11:20 A.M.
	hospital ise of c (5) Dece ance or death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If ins A. STATE  B. COUNTY	stitution; residence before admission)
	hospi ise o (5) D ance deat	FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR oddress or location)	MARYLAND ST MARY'S	0
		INSTITUTION	C. CITY OR TOWN (If autside city limits, write R	/ 6
	- 7.	THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rural, give location)	68-00
	TI 1	33	ROUTE #1 BOX 99B	29636
	contribution regular regard prices and contribution regular re	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH  9. AGE (In years lost birthday)  59	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	co co ete n r n	tOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during mast of working lite, even if retired)	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	s i d	ENGINEER(RETIRED) CIVIL SERVICE	NEW JERSEY	USA
	rect (4) U wa the ispos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ANT	CD ++ CD	JOHN TERRELL  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL	DOROTHY COSS	ADDRESS
TA	ssistan the d kind; death nce or final d	(Yes, na or unknawn) (If yes, give war ar dotes of service) SECURITY NO.	WOO THE THE MEDICAL CAME	
OR	t t	YES WWII 077 03 1868  18. CAUSE	MRS. HELEN TERRELL SAME .	INTERVAL BETWEEN
MPORT		DISEASE OR CONDITION DIRECTLY	0. 6-0101/-	ONSET AND DEATH
=	Also re of noun atter	LEADING TO DEATH  (This does not meon the mode of dying, e.g., DUE TO	eeding Esophageal Varices	24 hours
~	er. ctu pro pro	heort foilure, osthenio, etc. It means the disease, injury or complication which caused death.)		8-12 months
0	amine A frac Vho p regul	ANTECEDENT CAUSES (B) TOK	TAL Hypertension	1 - 1x MONTAS
RECT	O X C E B	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.	holic Cirrhosis of the Liver	Years
0	B B E	UNDERCTING CONDITION IDSI,		
FUNERALDIR		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		= 3
E SE	chief Body the ysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	VES IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?
EFE	he he	OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  DEATH (natify medical examiner)	in or about 21/C. WHERE DID (If in Baltimore office bldg., INJURY OCCUR?	City, give exact locotion)
Z Z	osp osp osp osp osp osp osp osp osp osp	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not Wi	21F. HOW DID INJURY OCCUR?	
XX	A Co D	(APPROX.) Work At Work	/ 3   4	12/6 1967,
•	E - B	22. I certify that (1)(this haspital) attended the deceased from		
AL	st be a used to ent of spital death)	and haur and fram the causes stated above. (1) (We) (Aid) (did nat)		non death accorded an the date
$\frac{1}{2}$	tased to dent of ospital death) must be	23A. SIGNATURE		23B, DATE SIGNED
MED	eleger	JUINT 1 , CIVOR, 101.0	ttending Med. Director Staff Phys.	12/6/67
	ate as r	23.2. PAYSICIAN'S NAME (Type)	23D. ADDRESS	1741
HE	W W	JOHN R. STONE  M.E.  24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of C	THE COMMS HER KING HEST	y, tawn, or county) (State)
	certi sody /s: (1 D.O. assed	REMOVAL (Specify)		
R	This certificate muthe body was releshows: (1) An acciewas D.O.A. at a hadeceased prior to written approval	BURIAL 12/9/67 TRINITY MEMORI 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	28C/FUNERAL/DIRECTOR	ADDRESS
	++4×94×	DEC 11 1967 Reb E. Farbura	JOHN M. WELCH - LEONARD	TOWN, MD.
		VS 150-REV. 1/1/65		

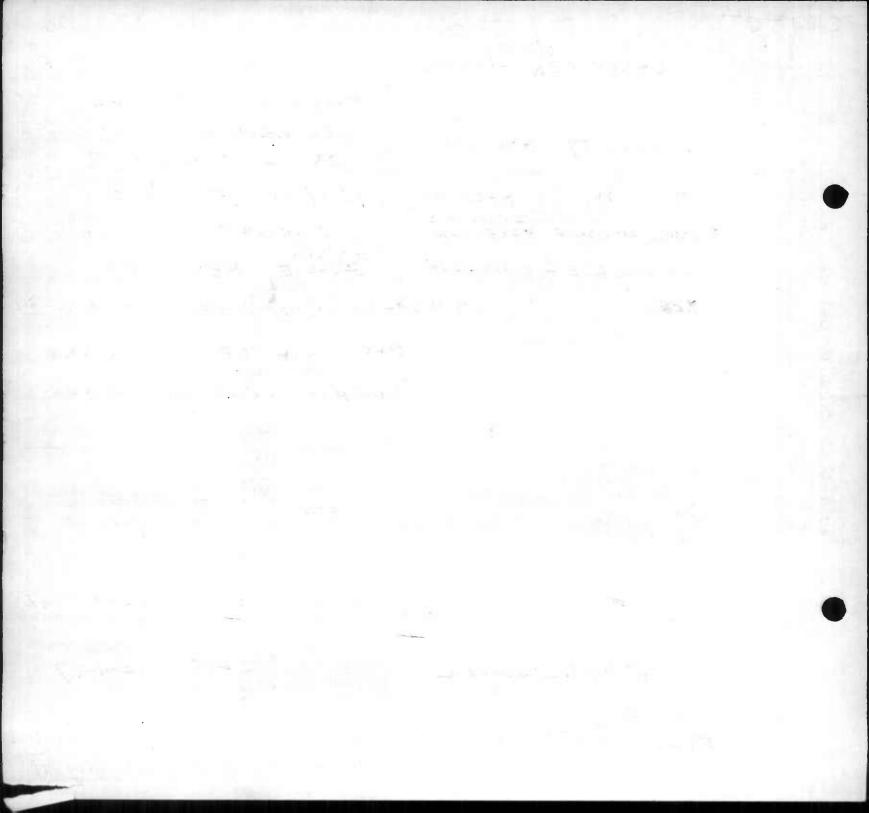


ыкти но. 67 11776		TE OF DE		ered Na. 6	7 11776		
M.E. CASE NO.  1. NAME OF DECEASED			DATE AND HOUR O	F DEATH			
(Type or Print) FRANK J. BA	CON		DEC.5	1967	100		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDI			n: residence before admis		
FULL NAME OF (If not in hospital or institution, give s	troot	mp.					
HOSPITAL OR oddress or locotion)	11661	C. CITY OR TOW	N (If outside city lin	nits, write RURAL	ond give township)		
, and the state of		BALT	3 SOMI		20-6		
UNITERSITY OF MO		D. STREET ADDR	ESS (If rurol, give lo	_			
0.01		405	S. PAYS	00 7	7		
5, SEX 6. RACE 7. MARRIED, NEV WIDOWED, DIV	ER MARRIED ORCED (specify)	8. DATE OF BIRTH	9. AGE (In lost birthdoy	yeors If Un	nder 1 Yr. If Under 24 hs: Doys Hours Mi		
m W mar		3/1/9	1 7	6			
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSI done during most of working life, even if retired)		11. BIRTHPLACE	itate or foreign country)		HIZEN OF		
CARPENTER HOUSE		mo.		1	15		
13. FATHER'S NAME		14. MOTHER'S M	AIDEN NAME		, ,		
Tilliana Carri			(	- 11- 5			
15. Wos Deceosed Ever in U. S. Armed Forces? 16. 5	OCIAL	17. INFORMANT	GALLA	04515	ADDRESS		
	SECURITY NO.	D. HATOKWAN			ADDRESS		
NO 21	7-01-7917	HOZ PIA	AL RECOR	٥			
18. 585 X 41260 X	CAUSE	F DEATH			INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY		0 1	. /		9 /		
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A)	Periton,	715		1 days		
heart failure, asthenio, etc. It means the disease,	00110						
injury or camplication which coused death.)	(B) F	movema	0/6011	Bladde	days		
ANTECEDENT CAUSES	DUE TO	tington from the second on	of Gall holegality		7		
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the	(C) A	cate c	bokeyst, to		1		
UNDERLYING CONDITION lost.					A A A A A A A B A A A A A A & & & & & &		
II II	Din bodo, No Uta,						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  ACTERIO Sclerotic CAROLOVASCULA GISEAN							
DISEASE OR CONDITION CAUSING IT.					1		
28 Nov 67  121A. ACCIDENT WAS UNDERLYING 121A. ACCIDENT WAS UNDERLYING 121A. ACCIDENT WAS UNDERLYING 121B. PLACE	21.	ZUA. AUTOPSY	(Yes or No) 20B. IF Y	ES, WERE FINDIN FYING CAUSES O	OF DEATH?		
28 Nov 67 Acuse chole	CUSTITIS	in or obout 21 C WH	FRE DID 116	in Boltimera Cit-	give exact location)		
OR CONTRIBUTING CAUSE OF home, for	rm, foctory, street, o	office bldg., INJURY	OCCUR?	Johnnoise City,	Stan evect (acquain)		
U							
□ OF INJURY	JRY OCCURRED		W DID INJURY OCCU	R?			
(APPROX.) While At	Not Whi	le _			, , ,		
22. I certify that (#) (this haspital) attended the de	ceased from	11/27	19 671	0 12	15- 19		
that (2) (we) last saw the deceased alive an		7 ~			leath accurred an the		
and haur and fram the causes stated abave. (*) (We							
23A. SIGNATURE	-, (aid) (aid-	The budy of	o, acomi	23 B. C	DATE SIGNED /		
1 Fac 1 - 1/2 T	TAN.D. AH	tending M	ed. Staff Phys.		2/11/		
23C. PHYSICIAN'S	. Kn Ph	ys. Dis	ector Phys.	/	4/2/6/		
NAME (Type)  1. Frank Hartman		200. ADDRESS					
	M.D.						
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	of CEMETERY of CR	REMATORY	24D. LOCATION	(City, tow	n, or county) (Sto		
BURIAL 12-67 LOUE	ON PARK	CEMETER	Y BALTIM	ORE. MI	ARYLAND.		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	GISTRAR	25C. FUNERAL	PS FUNER	1 - 11.11	ADDRESS		
DEC 11 1967 (1) Pub E.	Frakey M. B.	WALTE	RS FUNER,	ALHOME	STAIL ITED		
VS 150-BEV 1/1/65		THE THE THE	114 11111111111	11 11 11 11	3/11/6/11 BK		

1	67 11777 BALTIMORE CITY HEALTI	H DEPARTMENT		
W-11.3		RTIFICATE OF DEATH Registered No. 2 11777		
. 43	MEDICAL EXAMINER 5 CE	ERTIFICATE OF DEATH Registered No.		
	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD		
	(Type or Print) DONALD WEIFORD	December 6, 1967   11:40 P. M.		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	I. USUAL RESIDENCE (Where deceased lived. If institution: residence before admirsion)  A. STATE  B. COUNTY		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
	HOSPITAL OR ADDRESS OR LOCATION)	3-01		
3		Baltimore D. STREET ADDRESS (If rurol, give locotion)		
6	Church Home and Hospital (DOA)	208 Mason Court		
7	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8 WIDOWED, DIVORCED(specify)	DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months, Days   Hours   Min.		
	Male White married	7/11/1923 44		
N - E	IOA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY)	WHAT-COUNTRY?		
	13. FATHER'S NAME	4. MOZHBR'S MAIDEN NAME		
	Claime Weelord, Ir.	Benja Dones		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	7. INFORMANT ADDRESS		
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Them Weel - 208 mean Court		
		OF DEATH INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH		
	(This does not mean the made of dying, e.g.,	riosclerotic heart disease		
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)			
	ANTECEDENT CAUSES			
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO			
	UNDERLYING CONDITION LAST.			
R.F.	Õ			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
	L DISEASE OR CONDITION CAUSING IT.			
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
	21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in	or about 21C. WHERE DID (If in Boltimore City, give exact location)		
	UNDERLYING OR CONTRIB-	ce bidg., INJURY OCCUR!		
	21D TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
	(APPROX.)  WHILE AT NOT W WORK AT WO			
	22	psy and that an this basis, death in my apinlan		
	resulted from: Natural causes X Accident Suicide			
	00 000	CHIEF MEDICAL EXAMINER		
	SIGNATURE Clars J. J. J. M.D.	ASSISTANT MEDICAL EXAMINER X		
	EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER December 7, 1967		
	NAME (Type)  23A, BURIAL CREMATION, 23B, DATE 23C, NAME of CEMETERY or	CREMATORY 23D. LOCATION (City, town, or county) (State)		
	REATOVAL (Specify) (3/9/17 80 6/17	Son By De		
	24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS		
	45 1007 0 0 0 7 0 48	School Cowon & Son An . 901 Hollers L.		
	VS 151-REV. 1/1/65	Jenny. com son ser 901 souns		
		(Sall Net. 2122V		

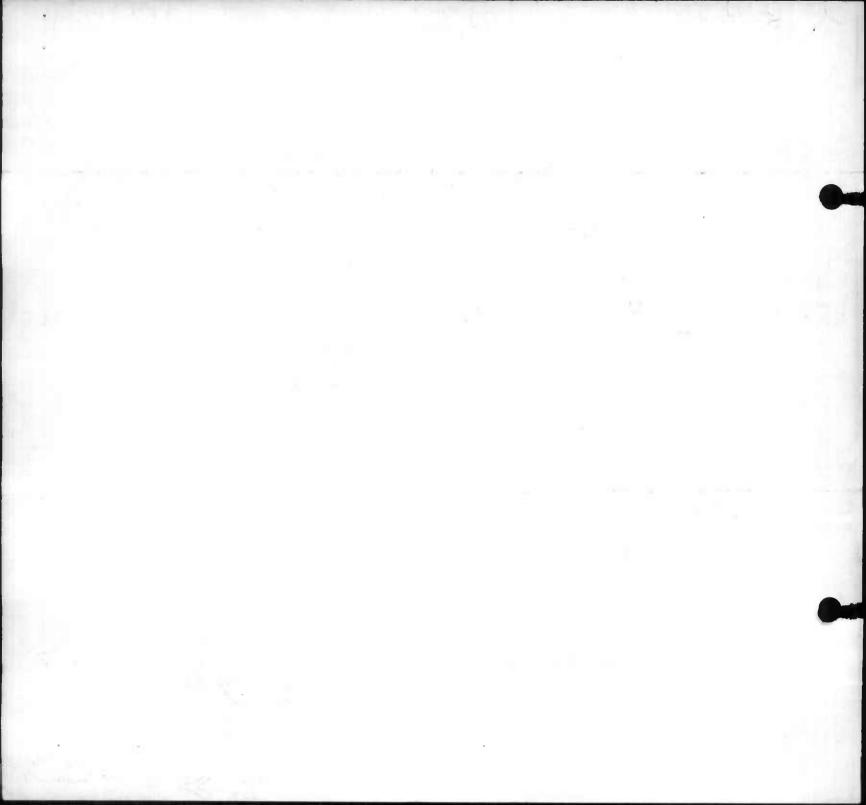


	BALTIMORE CITY	HEALTH DEPARTMENT		Olman & Commission
BIRTH NO. 67 117	78 CERTIFICA	TE OF DEATH	Registered Na	67 11778
M.E. CASE NO.  1. NAME OF DECEASED MEGINNE	24	2. DATE AN	D HOUR OF DEATH	10
(Type or Print) LAWRENCE, CI	4LLAHAN	4 D	EC 1967	1 7 PM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		tution: residence before admission)
FULL NAME OF (If not in hospital or institution	on, give stroet	MARYLAND	(DUREN	HNNES CO. L
HOSPITAL OR address or lacation) INSTITUTION			side city limits, write RU	RAL and give tawnship)
& Omening a in the	COLTAI		VILLE rural, give location)	2161/ 67-00
BELLIVERSITY HO	SPITAL	123 5.		CE ST
5. SEX   6. RACE   7. MARRI	IED, NEVER MARRIED		9. AGE (In yours	If Under 1 Yr. If Under 24 Hrs.
M W WIDO	WED, DIVORCED (specify)	5/13/02	65	Month's Days Haurs Min.
toa. USUAL OCCUPATION (Give kind of work 10B, KIND dane during most of working life, even if retired)	OF BUSINESS OF INDUSTRY	11. BIRTHPLA CE (State or farei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	LESMAN	MARYL	AND	USA
13. FATHER'S NAME		14. AOTHERS MAIDEN NAM	ΛE	1
LAWRENCE A. CA	LLAHAN	GUSSIE	MEGIN	NEY
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yos, give wor or datas of sarvice	1 6. SOCIAL	17. INFORMANT WIGE		ADDRESS
Tho.	214-32-6682	ARS MARIORIEW.	Callahan, CE	Streville Md 21619
1B. / 7 7 X		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	in the second			ONZEL AND DEATH
LEADING TO DEATH	(A) C	ARCINOMA		10 YRS
(This does not mean the mode of dying, a heart foilure, asthenia, etc. It means the disease		PROSTA	HE	
injury or complication which coused death.)	(B) M	ULTIPLE M.	ETASTASES	10 YRS
ANTECEDENT CAUSES	DUE TO		The second secon	
DISEASES OR CONDITIONS, if ony, giv				
UNDERLYING CONDITION Iost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes ar No	20B. IF YES, WERE FIN	
		405		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (o.g., hame, farm, factory, stroot, otc.)	in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?	(If in Baltimare (	City, give exact lacation)
O 21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
21 D. TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.)	While At Not Whi	le 🗍		
			10. 4	- 2 - 41 10 10
22. I certify that (this hospital) attende		10 /7 -11	19 67 to	12-4 19-67
that ((we) last saw the deceased alive			aur) apini ( <del>وسیون</del> د	on death occurred an the date
and hour and from the causes stated above	e. (1) (we) (did) (46)4161)	view the bady offer death.	To	23 B. DATE SIGNED
PLOSAIN. OI	M.D. At	tending Med. Director	0. 11	13-11 10
23C. PHYSICIAN'S	men Ph	ys. Director	Phy s.	100-11-6/
NAME (Type)	M.D.			
24A. BURIAL CREMATION, 24B. DATE 246	C. NAME of CEMETERY OF CI	REMATORY 124D. L	OCATION (City,	, town, or county) (State)
REMOVAL (Specify)	1	,0	ach Talk	1 A 1 M. 1.
1 40017171	DOD AWN     KINOR(A	ASC. FUNERAL DIRECTOR	PAON INI DOS	ADDRESS
DFC 11 1967 (P.C.)	8- 8 stra lunga	Jone H. Butn	Mr. Barton B	con Centrella MA
VS 150-REV. 1/1/65	A MY COMMAND	U		- IIIId



FUNERAL DIRECTOR: IMPORTAN	RTANT	
This certificate must be approved by the chief medical examiner or his assistant if death	sistant if death	4
the body was released to the hospital by a medical examiner. Also, if the direct or co	the direct or c	0
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undete	kind; (4) Under	te
was D.O.A. at a hospital (except where the physician who pronounced death was in r	death was in	
deceased prior to death); and (6) No physician was in regular attendance on the dece	nce on the dec	Ce
written approval must be obtained before the remains are embalmed or final disposition i	final disposition	=

40	b/ 11//4	TE OF DEATH Registered No. 67 11779
BIRTH M.E.	NO. CERTIFICA	TE OF DEATH Registered No.
1. NA	ME OF DECEASED	2. DATE AND HOUR OF DEATH
	DONN NAIL	Dec. 2,1969 5:45 F
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admiss A, STATE  B. COUNTY
FU	LL NAME OF (If not in hospital or institution, give street	MD
	OSPITAL OR oddress or location) STITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
1	20 LITTLE SES. OF THE	Baltimore  D. STREET ADDRESS (If rural, give location)
	90 1200 VALLEY ST. BAH 21202	1200 VALLEY ST.
. SE)		B. DATE OF BIRTH 9. AGE (In years If Under ) Yr. If Under 24
	MIDOWED DIVORCED (specify)	2-25.1884 lost birthdoy 83 Manths Days Haurs Mir
	JSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	
done	during most of working life, even if retired)  FARMCR Hot	BAHIMORE CO. USA
13. F/	ATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	oseph Kahl	MARY Anne unknown
15. W	as Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes,	no or unknown) (If yes, give war or dates of service) SECURITY NO.	· Little Sas of The Poor
12		DE DEATH INTERVAL BETWEEN
1	4001	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Dossive Muncanduel
	This does not meon the mode of dying, e.g.,  DUE TO  DUE TO	nossive Myocardend
	njury ar complication which caused death.)	March Leave
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, if ony, giving	
	ise to the obove cause (A) stating the (C)UNDERLYING CONDITION lost.	
	<u> </u>	
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
X	DISEASE OR CONDITION CAUSING IT.	[20A 4/190844/V N. N. N. N. 20B 18 444 444 444 444 444 444 444 444 444
ERTIFIC	94. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
L) 2	218. PLACE OF INJURY le.g., i	in ar about 21C. WHERE DID (If in Boltimore City, give exact lacation)
< C	OR CONTRIBUTING CAUSE OF hame, form, factory, street, a etc.)	ffice bldg., INJURY OCCUR?
U	1D. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
3 0	OF INJURY While At Nat While	le
-	2. I certify that (I) (this haspital) attended the deceased from	1966 to Dee & 196
- 1	hat (I) (we) last saw the deceased alive an See 2	1967 and that in(my) (aur) apinian death accurred an the
	and hour and from the causes stated above. (1) (We) (did) (Jid nat)	
_	3A. SIGNATURE	23 B. DATE SIGNED
		ending The Med. Staff T
2	3C.PHYSICIAN'S	The state of the s
	NAME ITYPE) Stanley Ankindas M.D.	230. ADDRESS, MAIDEN Choice LANE
24A.		EMATORY 24D. LOCATION (City, lawn, ar county) (Sta
	REMOVAL (Specify)	
25A.	Burial   12-6-1967   St. Joseph's Cer	metery Baltimore Co. Md.
	DEC 11 1967 (1.0. 1-8 July	30
/S 1	50-REV. 1/1/65	Dassandkunery Home 1401 Billan



a hospital and

		C17 44	BALTIMORE CITY	HEALTH DEPARTMENT		CD 43000
		н но.	780 CERTIFICA	TE OF DEATH	Registered Na.	07 11780
	1. N	AME OF DECEASED OF Print)  JOHN A. FRE		2. DATE AN	ND HOUR OF DEATH	111,45 P
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	ere deceased lived. If ins	titution: residence befare admission)
	H	ULL NAME OF (If not in hospital ar instituti IOSPITAL OR address or location) 4STITUTION	on, give street	MARYLAND C. CITY OR TOWN (If ou	utside city limits, write RU	Balls Co
		7.2		BALTIMORE	21	53-00
	-	JOHNS HOPKINS HOS	SPITAL	1816 SUNN	YSIDE RD,	
	5. s	WIDO	SINGLE (specify)	8. DATE OF BIRTH 2-23-49	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
		USUAL OCCUPATION (Give kind of work 10B. KIND during most of warking life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
			e Tutor	Baltimore, C	i t.v	U.S.A
	13. [	ATHER'S NAME	<u> </u>	Baltimore, C	ME	
	1	VILBUR FREDERICK		CAROLINE	SCHMIDT	
	15. V (Yes	Vas Deceased Ever in U. S. Armed Forces? ,na or unknown) (If yes, give wor or dotes of servi		17. INFORMANT		ADDRESS
		No la	None CAUSE O		Frederick 18	18 Sunny Side R
		DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
		LEADING TO DEATH	(A) Cler	diae arres	+	20 minutes
		(This does not mean the mode of dying, heart failure, asthenia, etc. II means the dise	ose.			
		injury or complication which caused death.)	· Cini	diomyopathi	4	~ 3 mos
		ANTECEDENT CAUSES	DUE TO		0	
		rise to the above cause (A) stating	the (C) Duc	renne Beulo	haper troph	ic 14 years
		UNDERLYING CONDITION lost.	MI	iscular dys	Hophy	0
	Z	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING	,	-0	
	ATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	7110	nary Edema	+? Pheumoni	a 4 days
		19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No		NDINGS CONSIDERED
		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
	EDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	٤	(APPROX)	While At Not While Work At Work	e _		
		22. I certify that (I) (this hospital) attende	ed the deceased fram	ec 1	1967 to Dec	4 19 67.
5		that (I) (we) last saw the deceased alive	on 12 MN Dec 4	19 67 and th	hat in (my) (eet) apin	ian death accurred an the date
	1 1	and hour and from the causes stated abave		iew the bady ofter death.		
		23A. SIGNATURE		23 B. DATE SIGNED		
		Stylen of Polmar	M.D. Atte	mding Med. Director	Stoff Phys.	Dec 4. 1967
		23C. PHYSICIAN'S NAME (Type)	· ·	23D. ADDRESS		
		STEPHEN H. YOU	LMAR M.D.	JOHNS HOPKIN.	S HUSP. BAL	TIMURE MD.
	24A	BURIAL CREMATION. 248. DATE 240	. NAME of CEMETERY of CRE	MATORY 24D. L	LOCATION (City	, town, or county) (State)
	25A	Burial 12-8-1967 2 DATE REC'D BY HEALTH DEPT. 25B. NAM	Zion Cemetery	Ba 25C. FUNERAL DIRECTOR	ltimore R	Go. Md
		DEC 11 1967 R.C.	5 E. Farkey Min	Less ahn F	tunialle	2401 Blaz B
1	VS	50-REV. 1/1/65			· · · · · · · · · · · · · · · · · · ·	The state of the s

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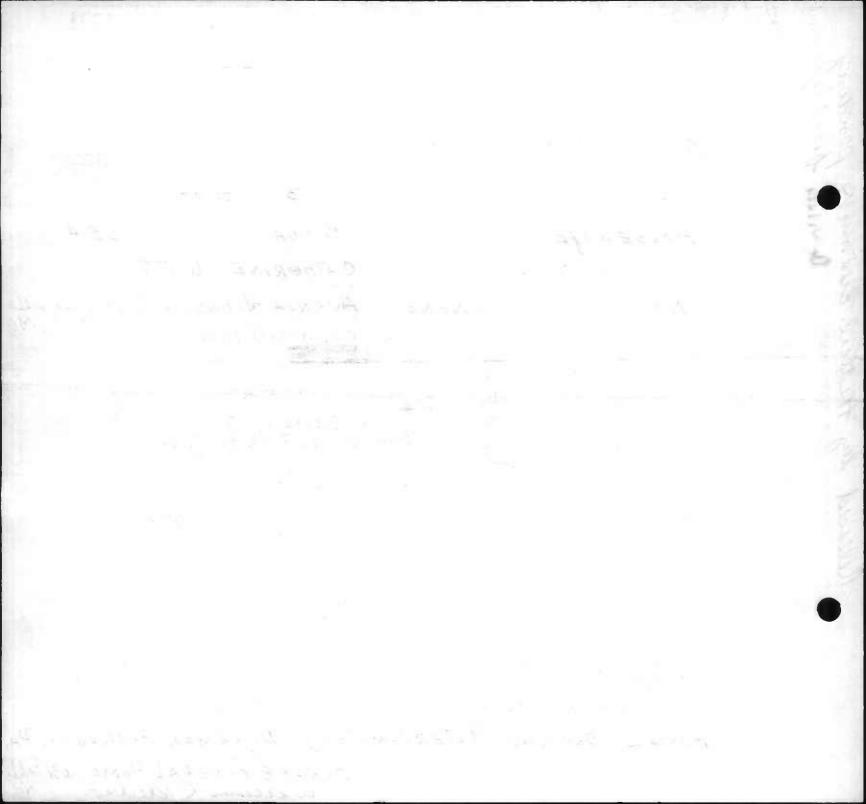
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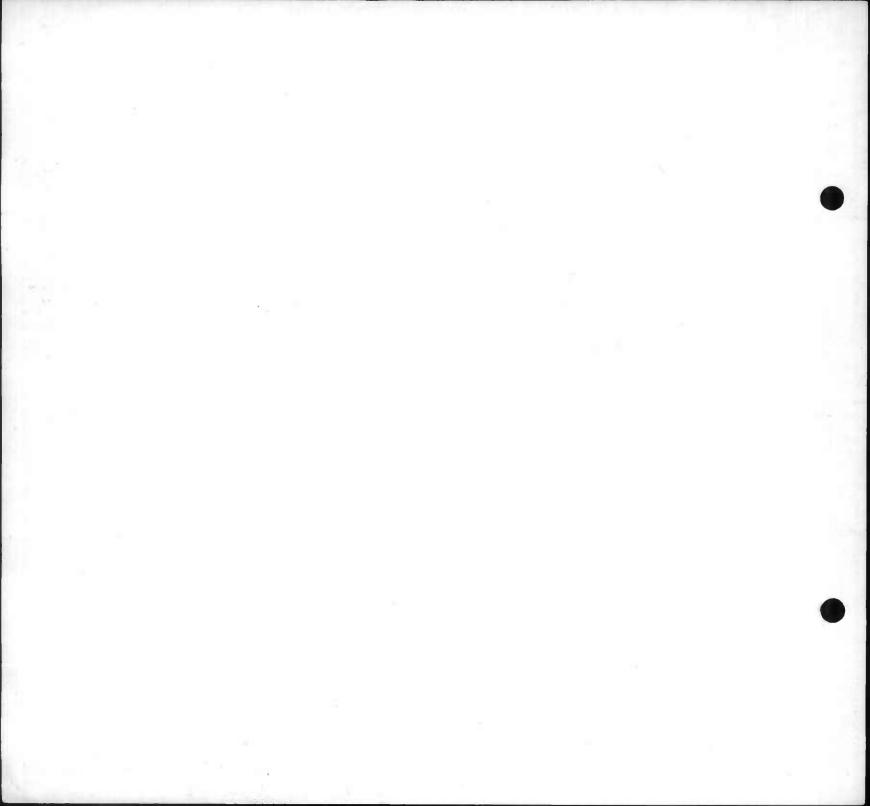
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JOHNS HORINS HER BATTHER F. 10

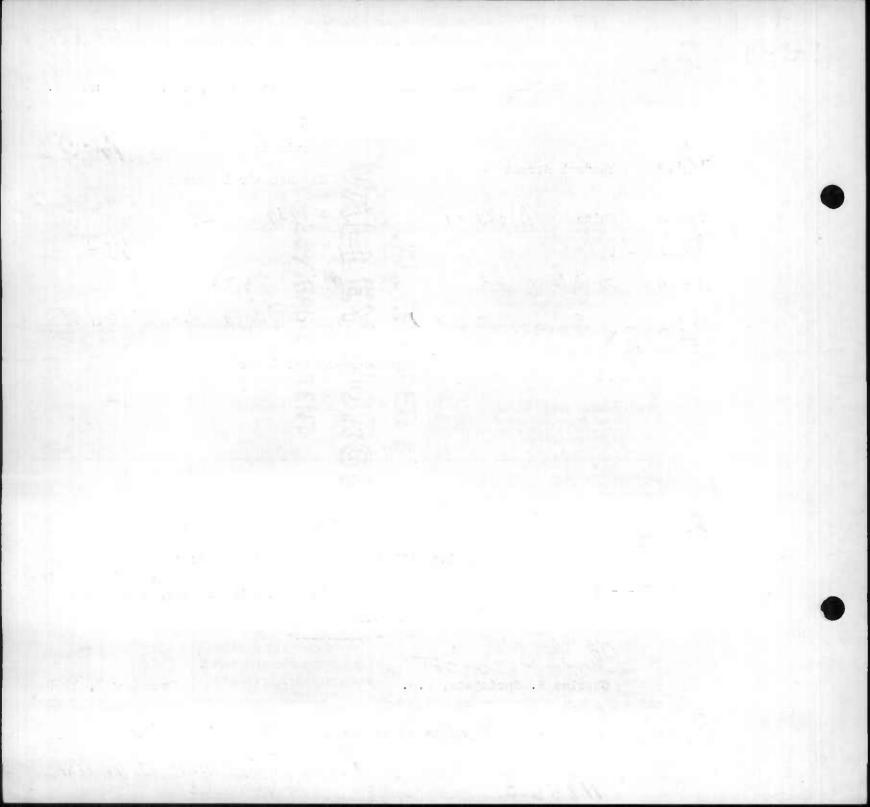
600 07 11701	BALTIMORE CITY HEALTH DEPARTMENT	07 44704	
Витн No. 67 11781	CERTIFICATE OF DEATH	Registered Na. 67 11781	
M.E. CASE NO.  1. NAME OF DECEASED	2. DATE	AND HOUR OF DEATH	
(Type or Print) SARAH LOWERY		12-7-67   9.25 P	
3. PLACE OF DEATH IN BALTIMORE MARYLAND		here deceased lived. If institution; residence before admit	M.
37 FEACE OF DEATH IN DALIMONE MAKIEAND	A. STATE B. COL		3310117
FULL NAME OF (If not in hospital or institution, give	street MARYLAND	Franklin (D)	
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If	outside city limits, write RURAL and give township)	
	BALTIMORE	53-00	
33 THE JOHNS HOPKINS I	D. STREET ADDRESS	If rurol, give location)	
	1321 SPRING	AVENUE 21206	
5. SEX   6. RACE   7. MARRIED, N	EVER MARRIED 8. DATE OF BIRTH	9. AGE (In years   If Under 1 Yr. , If Under 24	Hrs.
FEMALE WHITE WYDOW	DIXORCED (specify) 1-18-873	10st bigbley 84 Months Doys Hours M	lin.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BI	JSINESS OR INDUSTRY 11. BIRTHPLACE (State or fo	reign country)  12. CITIZEN OF WHAT COUNTRY?	
HOUSEWIFE	PENNA.	USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME	
WESLEY CLITES		INE WITT	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	SOCIAL 17. INFORMANT	ADDRESS	
A/a	NONE ANENIA	JOHNSON CORRINGAN	1111
7,40		~	
1.7 8 4 V	CAUSE OF DEATH	ST PRIOR TO INTERVAL BETWEEN ONSET AND DEATH ANESTHESIA ? DEVERAL OF	17
DISEASE OF CONDITION DIRECTLY .  LEADING TO DEATH	- Chieblic Hille	And THIS IS Appeal	aco
(This does not mean the mode of dying e.g.	(A)	MUSING SUM	0
heart failure, asthenio, etc. It meons the decoses	24		
injury or complication which caused death	Al Alalithian	1 TAPARA	
ANTECEDENT CAUSES	(B) Woulder	Company of the compan	
DISEASES OR CONDITIONS, if any, Ziving	0.00110	201	
DISEASES OR CONDITIONS, if any, Sivings	(c) CIRAHOSI	5 0 10	
UNDERLYING CONDITION last.	Common DUCT	OBSTRUCTION	
DISEASE OR CONDITION CAUSING IT.	the All Solution I Touch	re	
19A. DATE OF OPERATION 19B. CONDITION FOR W	ICH OPERATION 20 A AUTOPSY? (Yes or	No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
19A. DATE OF OPERATION 19B. CONDITION FOR WH	YES	IN CERTIFYING CAUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF CAUSE OF	ACE OF INJURY (e.g., in or obout 21 C. WHERE DID form, foctory, street, office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)	
OR CONTRIBUTING CAUSE OF home, etc.)	torm, toctory, street, office bldg., INJURY OCCUR?		
□ OF INJURY	IJURY OCCURRED 21F. HOW DID II	NJURY OCCUR?	
(A PPROX.) White Work	At Work At Work		
22. I certify that (1) this haspital) attended the	deceased from 12/3	1967 10 /2/7 196	7
	10/17 1/17		
that (1) (we) lost saw the deceased alive on		that in (my) (our) apinion death occurred an the	dote
and hour and from the causes stated above. (1) (	We) (did) (did not) view the bady ofter deoth	1.	
23A. SIGNATURE	-1-	23B. DATE SIGNED	
1 /2 Minhand Ilana	M.D. Attending Med.	Stoff 12/1/17	
23C PHYSICIANS	Phys. Director 23D. ADDRESS	Phys. X	
23C. PHYSICIAN'S NAME (Type)	77	1	
G, MICHAEL VINCE	NT M.D. JOHNS	HOPKINS HOSPITAL	
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	E of CEMETERY OF CREMATORY 24D.	LOCATION (City, town, or county) (Sto	ote)
BARIA DEC 11.1917 T	POTER CEMETERY 1	WINDMAN ROSEDIA.	D
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF	DEGISTRAD LOSS FLINITAL DISCOUNTED AND ADDRESS OF THE PARTY OF THE PAR	ADDRESS	- /
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR 25C. FUNERAL DIRECTO	1 11	FI
5 1 1007 A A & O	BURGER BURGER	E FUNERAL HOME 3631	IAL
VS 150-REV. 1/183 L. 1301 (10/2010 C	Will	lean R Kleever.	Re





67 11783 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11783

LL CASE NO.	
M.E. CASE NO.  1. NAME OF DECEASED  2. DATE AND HOUR PRONOUNCED DEAD	
BARBARA PEYTON SMITH December 3, 1967 9:55	P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before and A. STATE B. COUNTY	nissian)
Maryland	
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give townshi	the many
INSTITUTION Baltimore	-
D. STREET ADDRESS (If rurol, give locotion)	
800 Cathedral Street	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months, Doys, Hours,	
Female White MARRIED Nov 2 1939 28	
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?	
111151 CIAN	
13. FATHER'S NAME	
RAIDH G. STONE OR LABITHA PEGTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, najor, unknown), (If yes, give war ar dates of service)  17. INFORMANT  ADDRESS  SECURITY NO.	,
318342544 Charle E Swith 2123 St Paul Si	
118. CAUSE OF DEATH INTERVAL BET	
ONSET AND	DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Cerebrocranial injuries	
(This does not meon the mode of dying, e.g., DUE TO head foliure, asthenia, etc. It means the disease, injury or complication which caused death.)	
injury or complication which caused death.)	
ANTECEDENT · CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED	
WAS PERFORMED  Yes  IN CERTIFYING CAUSES OF DEATH?  Yes	
ZIA, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)	
O   UNDERLYING	4
21D TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Struck multiple	timos
(APPROX.) 12-3-67 ? WHILE AT NOT WHILE TX with blunt in atrument then hurned	CTINES
m. WORK AT WORK - WICH DIGHT INSTITUTELY, CHER DUTHER	
I certify that I held an Inquiry Inspection Autapsy X and that an this basis, death in my apinion	
resulted from: Notural couses Accident Suicide Homicide W Undetermined manner	
CHIEF MEDICAL EXAMINER DATE SIG	NED
SIGNATURE Charle J. J. M.D. ASSISTANT MEDICAL EXAMINER X	
EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER December 7, 19	67
NAME (Type)	Stote)
23A, BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY or CREMATORY 23D, LOCATION (City, fawn, or county)	itote/
Birlal 12-8-67 Mounting View Cem. Howard Colly	
24A DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C, FUNERAL DIRECTOR ADDRESS	
DEC 11 1967 Repos & Farbura - Burger Fungal Home Balto Me	/
VS 151-REV. 1/1765 N 856.2 B1, Hara 11 Jenger In	



## 67 11784 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11784

M.E. CASE NO.	
. NAME OF DECEASED Type or Printl	2. DATE AND HOUR PRONOUNCED DEAD
JOSEPH C. CAMEI	LLA December 9, 1967   2:45 A. M.
, PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE B. COUNTY
CULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NSTITUTION	Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore /200
Union Memorial Hospital	D. STREET ADDRESS (If rurol, give location)
	4236 Elsa Terrace
Male  6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)  Male White	8. DATE OF BIRTH  9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.)  10. AGE (In years)  11. Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
DA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRIBLE MODELS OF BUSINESS OR INDUSTRIBLE OF BUSINESS OR IN	RY11. PARTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Locente Campolla	Marazet T CAAtte
S. WAS DEGEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mrs Markard / Camalle 4/22/ Flor
Yes WW II 2/3035550	SE OF DEATH INTERVAL BETWEEN
18. E 971.81	SE OF DEATH / INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Dorfe	oration of Esophagus Complicating
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc., it means the disease,	Ingestion of Lye
injury or complication which coused death.	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A, EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g.,	NO ., in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
FILTING   CAUSE OF DEATH	
	4236 Elsa Terrace
OF INJURY	
	WORK XX Subj. drank liquid plummer
22. I certify that I held an Inquiry Inspection X A	utapsy and that an this basis, death in my opinion
resulted fram: Natural causes Accident Suici	ide X Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL MOLALES S	DATE SIGNED
SIGNATURE	ASSOCIATE MEDICAL EXAMINER 12/9/67
EXAMINER'S Werner U. Sputz, M.D.	ASSOCIATE MEDICAL EXAMINER
BA, BURIAL CREMATION, 238 DATE 23C NAME of CEMETERY	or CREMATORY 23D. LOCATION , (City, town, or county) (Stote)
EMOYAL (Specify)	D1 B3/1/ M1
130x13/ 12-12-67 1-012/14/106	24C, FUNERAL DIRECTOR ADDRESS
4A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	24C, FUNERAL DIRECTOR ADDRESS
MED 11 1967 10 0 00 Fr. O. M.	DURGER TYPE VOL Horne 3631 talls
'S 151-REV. 1/1/65 N 9640 BC	Hround Housen
11 101.0	1 Cicle Monde Le

FUNERAL DIRECTOR: IMPORTANT

	AME OF DECE	ASED			TE OF DEATH	NO HOUR OF DEATH			
		dwin A Frank			Dec. 7, 1967 / 2.//				
. Р		TH IN BALTIMORE, MA			4. USUAL RESIDENCE (WIN	ere deceased lived. If i	nstitution: residence before admi		
c	HILL MANAS O	F (If not in hospital	as inclitation of	uun elenak	Maryland				
Н	OSPITAL OR	oddress or locotio		ive sweet		utside city limits, write	RURAL ond give township)		
J.	NSTITUTION				Baltimore		27-07		
1	2303 P	entland Drive			D. STREET ADDRESS (If rurol, give location)				
	ב כיייים	on orang Dire			2303 Pentlar	nd Drive			
, SI	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Months Doys Hours M		
Ms	alm	White	Marrie	, DIVORCED (specify)	May 27.1895	lost birthdoy)	TATOMIN'S DOYS (TOUS)		
đλ.	USUAL OCCL	PATION (Give kind of wor	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF		
		vorking life, even if retired)	V	C	Turkkari		WHAT COUNTRY?		
	FATHERS NAM	f Inspector	vobbers	Company	Indiana 14. MOTHER'S MAIDEN NA	AME	U.S.A.		
J+ 1									
		ust Franke			Louise Sch	aper			
5. V Yes	Was Deceased , no or unknown	(If yes, give wor or dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	yes	WW I		313-09-2981	Esther E. Heck	man same			
	18, / ¬ . Λ	141260	s X	CAUSE O	F DEATH		INTERVAL BETWEEN		
		E OR CONDITION DI	RECTLY		-		ONSET AND DEAT		
		LEADING TO DEATH		(A) C	CROMBRY /	HROMBOS	515 24 Hour		
		al mean the mode of asthenia, etc. It meons					887 9 9999 9 999 88 88 88		
	injury or camplication which coused death.)			S. EV. DISE	*7				
	ANTECEDENT CAUSES (8) 191			1104.77.312	-19 Almon				
	DISEASES C	R CONDITIONS, if	any, giving	502.10					
		above cause (A)	sloling the	(C)					
	J. T. D. INC.								
NO		FICANT CONDITIONS		0.075	TES ME	11 151.0	18 45AI		
AT	DISEASE OR	EATH BUT NOT REL. CONDITION CAUSING	IT.						
FIC	19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or 1	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?		
ERTIFI	0								
U	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?  DEATH (notify medical examiner) (If in Boltimore City, give exact focation)								
CAL									
DIC	(APPROX.)		Whi	le At Not Whi					
DIC				.,		10 49 N	EP 5 NU R 517 TO 1		
MEDIC	22 1	AL (1) /AL No							
MEDIC	22. 1 certify	that (1) (this points	l) ottended ti	ne deceased from					
MEDIC	that (I) (wy	lost saw the deceas	ed alive on	DEC. 4,	19 67 and	that in (my) (set) of			
MEDIC	ond haur and	lost saw the deceos from the couses sta	ed alive on	DEC. 4,		that in (my) (set) of	pinion deoth occurred on the		
MEDIC	that (I) (wy	lost saw the deceos from the couses sta	ed alive on	DEC, 4, ) (1/2) (did) (di)(not)	19 Ce 7 and wiew the body ofter death	that in (my) (ser) of			
MEDIC	ond haur and	lost saw the deceos I from the couses sto RE This Ka	ed alive on	DEC, 4, ) (1/2) (did) (di)(not)	view the body ofter deoth	that in (my) (set) of	pinion deoth occurred on the		
MEDIC	ond haur and	lost saw the deceos I from the couses sto RE This Ka	ed alive on	) (1)(e) (did) (di)(not)	view the body ofter deoth	that in (my) (ser) or  Stoff	pinion deoth occurred on the		
MEDIC	ond haur and	lost saw the deceos I from the couses sto RE Chila Ka	ed alive on	) (Ye) (did) (dix not)	not be no	Stoff Phys.	23B. DATE SIGNED		
MEDIC	ond hour one 23A. SIGNATU 23C. PHYSICIA NAME (T	I lost saw the deceos If from the couses sto RE Chila NS NS yee Arthur Kar MATION,  248. DATE	ed alive on ited obove. (I	) (Ye) (did) (di) (not) M.D. Att	ending Med. Director  23D. ADDRESS  1532 Havenwood	Stoff Phys.   Rd Ralti	23B. DATE SIGNED 12/7/67  more, Md		
MEDIC	ond haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	representation of the course o	ed alive on red obove. (I	M.D. Att	no de 7 and	Stoff Phys. D	23B. DATE SIGNED  1 2 / 7/6 7  more, Md  City, town, or county)  (St		
WEDIC APP	ond hour one 23A. SIGNATU 23C. PHYSICIA NAME (T	I lost saw the deceos If from the couses sto RE Chila NS NS yee Arthur Kar MATION,  248. DATE	ed alive on red obove. (I  refer figin  24C.N/	) (%e) (did) (di)(not) (M.D. Att Ph)	no de 7 and	Stoff Phys. Decrete Rd Ralti	23B. DATE SIGNED  1 2 / 7/6 7  more, Md  City, town, or county)  (St		

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67 14r	BALTIMORE CITY	HEALTH DEPARTMENT	C	my 41700
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	111/00
M.E. CASE NO.	CERTIFICA	IL OI DEATH		
NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Type or Print) ALBERT GDWK	M) MILLE	- 7	12/6/67	7 10:20/m
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where		lution: residence before admission)
		A, STATE B, COUNT		
FULL NAME OF (If not in hospital ar institution	n, give street	MARGE	-500	
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outs	ide city limits, write RUI	RAL and give township)
FRANKLIN SQUATE	F HOSP.	BAZI	MORE	2/-00
בן וואר הביות בעיון ו			urol, give location)	AVE.
36		1519	GLENO	At 14
5. SEX   6. RACE   7 MARRIE	D, NEVER MARRIED	B. DATE OF BIRTH / 19		
WIDOW	ED, DIVORCED (specify)	S. DATE OF STATE OF	. AGE (In years ost birthday)	If Under 1 Yr. If Under 24 Hrs.
MALE WHILE Marr	ied	11/11/02	65	
OA. USUAL OCCUPATION (Give kind of work 10B. MIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or foreig	n country)	12. CITIZEN OF
done during most of working tife, even il retired)		100/201) 5	Tilerais	WHAT COUNTRY?
	ern Box Co		NGLAND	N. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN' NAM	NE.	
WILLIAM MI	LLE -	FILLE	EN AD.	+MC
		17. INFORMANT	. 10	ADDRESS
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service	SECURITY NO.	17. INFORMANT		ADDRESS
Ma	037-12-6804	Mrs Edna Millet	tt Se	me
No III	CAUSE O	F DEATH	50 56	INTERVAL BETWEEN
420.1	0,,030			ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Out-	-101		
	(A)	nary Sourtes	2	
(This does not mean the mode of dying, e. heart foilure, asthenia, etc. It means the disease				
injury or complication which caused death.)	Cast	to a now	rection	
ANTECEDENT CAUSES	(8)	Mayer auro	Melion	
	DUE TO		•	
DISEASES OR CONDITIONS, if any, giving the rise to the above cause (A) stating the				
UNDERLYING CONDITION lost.	(6)			
2.6				-
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	ING			
TO THE DEATH BUT NOT RELATED TO				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 12		I20A ALIBORAYA/V NN	OOB IS MEE LIEBS SIL	
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	ES OF DEATH?
THE COLUMN				
	B. PLACE OF INJURY (e.g., in ome, form, factory, street, of		(II in Boltimore C	City, give exact location)
▼ DEATH (notify medical exominer)  electrical exominer)  electrical exominer  electrical	etc.)	mee siegs, mes oki o e cok.		
O 21D TAKE (Marth (Day) (Vard (Hay)	TE INTUINE OCCURRED	21F, HOW DID INJU	INV OCCUM	
OF INJURY	1E. INJURY OCCURRED		JRY OCCUR!	
	While At Not While Nork Nork			/
22. I certify that (I) (this haspital) attended	l she deserred from	11 / 3-1 11	967 10	12/16 1967
	17 - 11	17		
that (I) (we) last saw the deceased alive ar	· · · · · · · · · · · · · · · · · · ·	19 @ f and tha	t in(my) (aur) apini	an death accurred an the date
and hour and from the causes stated above.	(I) (We) (dId) (did nat) v	view the body after death.		
23A. SIGNATURE			2	3B. DATE SIGNED
7 mars - li- lil.	M.D. Atte	ending Med.	Stoff	13-11-11-7
Jones a com	Phy	s. Director	Phy s.	10/0/01
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		
TOWAR 4. ALL	FOO ME	FRAUVILIA!	SAUFOR	112501711
24A. BURIAL CREMATION, 24B, DATE 24C.	NAME OF CEMETERY OF CRI	FMATORY 124D 10	CATION	town, or county) (State)
REMOVAL (Specify)	MANAGE OF CENTELEKT OF CKI	ZAD. LO	CATION (City,	town, or county) (State)
Burial 12/11/67 I	orraine Park	Ba*	ltimore Mary	rland
25A. DATE REC'D BY HEALTH DEPT.   25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
DEC 1 1 1967 12 0	Bo & Fra Day M. B.		T	
APA IAAL MINKIE	M C' MANGEN M	Leonard J Ruc	k Inc 5305 H	ariora na
VS 150-REV, 1/1/65				

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10. 129 11 of 21

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-	4551
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
IMPORTANT	or his assistant if Also, if the directe of any kind; (4) nounced death wattendance on the
FUNERAL DIRECTOR: IMPORTANT	he chief medical examiner.  I by a medical examiner.  (2) Body burns; (3) A fracture the physician who prophysician was in regular fore the remains are emba
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributin shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.

			BALTIMORE CITY	HEALTH DEPART	MENT	01	7 44 MOM
BIRTH NO.	67	7 1178	37 CERTIFICA	TE OF DEA	ATH Registered	Na. D	111/81
M.E. CASE NO.					DATE AND HOUR OF DE	ATU	
(Type or Print)						-610	3 Ah
Percy	Walter Coler			4. USUAL RESIDEN	Dec.7,1967 ICE (Where deceased lived	L If institution: re	esidence before odmiss
or react or b	THE TALL THE TALL	NI EPITE		A. STATE	B. COUNTY	,	cardence belove comman
FULL NAME			give street	Maryland			
HOSPITAL O		1)		C. CITY OR TOWN	(If outside city limits,	write RURAL one	d give township)
70				Baltimore			11-06
Midto	own Nursing Hor	ne		D. STREET ADDRES		n)	
				000 26. 1	Paul Street		
S. SEX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Unde Months	Doys Hours Mir
male	white	singl		11/15/1881	[ lost birthdoy)		
	CUPATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto	ole or foreign country)	12. CITI	ZEN OF
	of working life, even if retired)			Maryland			S.A.
Stevado				14. MOTHER'S MAI	IDENI NIAAAR		10.42.4
3. FATHERS N	AME			14. MOTHER'S MA			
Fran	ncis R. Coleman	2		Mary	( unknown )		
5. Was Deceas	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT			ADDRESS
	wind it yes, give wor or dote	3 OF SETVICE	212-01-9108	Elisha Si	hockley 8414 M	unley Br	rive 3h
18. // /	7 3 3 7 1		CAUSE O		HOURICY CHILL -	unitoj bi	INTERVAL BETWEEN
Lington lan	+3X		CAUSE	PEATH		3	ONSET AND DEATH
/ DISE	ASE OR CONDITION DIF	RECTLY		1 . to	1 7	- 0.1	٥
(This does	nat mean the made of	dvina. e.a	DUE TO	aco re	may !	, car	
heart failur	ie, asthenia, etc. It means	the diseose,	me	ussive (	ecelral to	ternoul	haze
injury or c	amplication which coused		151	esucatorsing - and CVK			
	ANTECEDENT CAUSES		DUE TO	10000			
	OR CONDITIONS, if						
	the abave cause (A) NG CONDITION last.	stating the	(C)				
	11						
Z OTHER SIG	II SNIFICANT CONDITIONS C	ONTRIBUTING	G				
은 TO THE	DEATH BUT NOT RELA	ATED TO TH					
U 19A. DATE			WHICH OPERATION	20A. AUTOPSY?		WERE FINDINGS	CONSIDERED
19A. DATE	WAS PER	FORMED			IN CERTIFYIN	G CAUSES OF	DEATH?
U 21A. ACCIE	DENT WAS UNDERLYING	218.	PLACE OF INJURY (e.g., in	n or obout 21 C. WHE	RE DID (If in Bo	oltimore City, giv	re exact location)
_ OR CONTR	IBUTING CAUSE OF	hom etc.	e, form, foctory, street, of	fice bldg., INJURY O	C CU R?		
U							
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		DID INJURY OCCUR?		
(APPROX.)		Whi	ile At Not While				
22. 1	ify that (1) (this haspital	) attended +		And 2	19 6 / to	Der -	7 196
			0	10/-			/
	ve) lost saw the decease		/		ond that in (my) (on	7-opinion dea	in accurred on the
	and fram the causes sta	ted abave. (I	l) ( <del>Wo) (did)</del> (did nat) v	iew the bady afte	r death.		
23A. SIGNA	TURE			19		23 B. DA	TE SIGNED
1	uela dCE	Lne	M.D. Atte	s. Med Direct	ctor Phys.	1/2	(7/6)
25C. PHYSIC	CIAN'S		-	23D. ADDRESS			
NAME	Willard App	lefeld	M.D.	5901 Park	Heights Ave	Baltimo	re. Md
4A. BURIAL C			AME of CEMETERY of CRI		24D. LOCATION	(City, town,	
REMOVA	L (Specify)					( -ity town,	0. 0001177 (3101
Burial	12/8/6		udon Park Cem.		Balto. Md.		
25A. DATE REC	O'D BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL			ADDRESS
	DEC 11 1967	(1. D. 1	E Talboute	Leonard	J Ruck Inc.	305 Hari	ford Rd
VS 150-REV. 1/	1/65						

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(3/6)

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man Tree . . .

## 67 11788 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 11788

M.I	E CASE NO									
1. NAME OF DECEASED					2. DATE AND HOUR PRONOUNCED DEAD					
			CHAR		IEDEL			per 6, 1967		6:10 P. M.
3. F	PLACE IN BA	ALTIMORE, MAR	YLAND, W	HERE PRONOL	NCED DEAD	4. USUA A. STAT	L RESIDENCE (Where of	deceased lived. If instit	lution: residen NTY	ce befare admission)
FUI	LL NAME O	F (IF NOT I	IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	C CITY	Maryland		DILBAL	
INS	SPITAL OR	ADDRESS	OR LOCA	(TION)		C. CITT	OK TOWN (IT outside	corporote limits, write	KUKAL ONG	give town spar
							Baltimo			-01
	00	3033 0'1	Donne 1	1 Stree	t	D. STREE	T ADDRESS (If rurol,	give locomon) Donnell Stre	4	
5. S	EY	6. RACE		7 AA A DDIED	NEVER MARRIED	B. DATE				Yr. If Under 24 Hrs.
					OIVORCED (specify)		23, 1893.	9. AGE (In years last birthday)		ys   Hours   Min.
1	lale	Whit		Sing				74	10 CITIZEN	
don	e during most	of working life, eve	in if retired)	CIUS, KIND OF	BUSINESS OR INDUSTRY			4 15-14		COUNTRY?
	etired	Machinis	st			Bal	timore, Mary	rland	U.S.A.	•
13.	G	eorge _				14. 1010 1				
15		ASED EVER IN U.		EODCES?	16. SO CIAL	Ma:		Wis	ADDRESS	
	s, no or unkno	wn) (If yes, give			SECURITY NO.				ADDKESS	
	No				212-09-8821	Fr	. Kenny			
	18.	22.1			CAUSE	OF DEA	TH			TERVAL BETWEEN
	DISI	EASE OR CONE	DITION DI	RECTLY						
	(This doe	LEADING T s not mean the			(A) Arteri	oscle	rotic cardio	ovascular di	sease	
	heort foil	ure, osthenio, etc. complication which	. It means	the discose,	DUE TO					
	DISEASE	ANTECEDENT S OR CONDITI			(B)					
	RISE TO	THE ABOVE CA	USE (A) S'		DOE 10					
z	ONDERG	IINO CONDIII	ON LASI.		(C)					
CERTIFICATION		n			TO THE PERSON NAMED IN	-				
S		IGNIFICANT CO								
H	DISEASE	OR CONDITION	CAUSING	T.						
8	19A. DATE	OF OPERATION	19B, CON		WHICH OPERATION	20A. A		208. IF YES, WERE FIN IN CERTIFYING CAUS		
	OLA EVTER	NAL CAUSE WA		lote	N A GE OF INTUING		No	T. B. C.		
MEDICA	UNDERLYIN	GOR CONTRIB	3-	home	PLACE OF INJURY (e.g., form, foctory, street, c	office bldg.	INJURY OCCUR?	If in Baltimore City, giv	e exoct locot	ion)
哥	UIING	AUSE OF DEATH	1.	etc.)						
2	21D TIME OF INJURY	(Month) (D	Day) (Yeo	r) (Haur) 2	E. INJURY OCCURRED		21F, HOW DID INJU	RY OCCUR?		
	(APPROX.)				HILE AT NOT AT W	WHILE ORK				
	22.	ertify that I he	ald an I	nauisy 🗀	Inspection X Au	tapsy	and that an thi	s basis, death in m	i-i	
				137						
	res	sulted from: N		(	ccident Suicid			ndetermined manne	r 📋	
	ACTU	/ 11 /	1. 8	(, )			IEF MEDICAL EX		- 1	DATE SIGNED
	SIGN	ATURE	and >	1,0	M.D		ANT MEDICAL EX			
	NAME	- (Type)			ngate, M.D.		ATE MEDICAL EX	— Dec		7, 1967
	MOVAL (Spe		8. DATE	230	C. NAME of CEMETERY	or CREMAT	ORY 23 D. LC	CATION (City,	tawn, ar cour	nty) (Stote)
	Burial		12/9/6	7	New Cathedral		Bal	Ltimore Mary	land	
24/		D BY HEALTH		248, NAME	OF REGISTRAR		FUNERAL DIRECTOR			DRESS
		EC 11 1	967 (	Beet &	2. Farkeyna	TA	onard J Ruci	Inc. 5305	Harfor	d Rd
			9							

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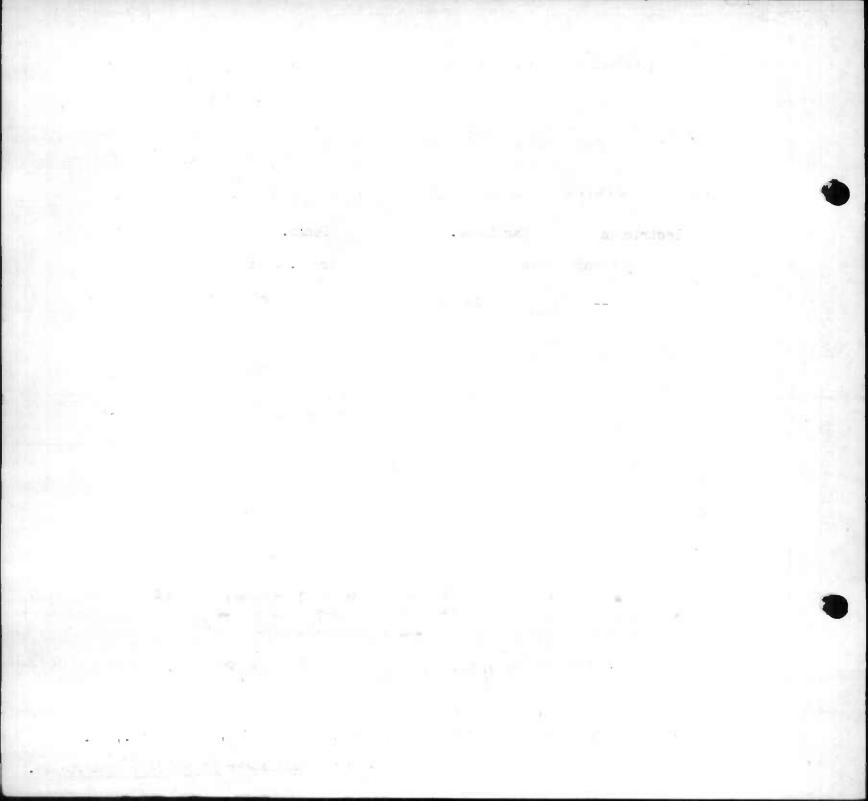
Nary A. Levis

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Buckers of Buck Lee, #305 instant line

BALTIMORE CIT	TY HEALTH DEPARTMENT	CM 44MOO
BIRTH NO. M.E. CASE NO.  67. 11789  CERTIFICA	ATE OF DEATH Registered No.	67 11789
M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type of Print) MEASE GEORGE	Dec 5th 196	7 1 4-05 00
3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If insti	P.W
3. TENCE OF DEATH IN DALIMONE WANTENED	A. STATE B. COUNTY	nonon, igaiecnes beiore damaaron,
FULL NAME OF (If not in hospital or institution, give street	MD Baltimore	
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RU	4.00
LUTHERAN HOSPITAL	Baltimore (20)	53-00
730, ASHBURTON ST.	D. STREET ADDRESS (If tutol, give locotion)	
BALTIMORE.	5, compass Rd.	
5. SEX Male 6. RACE White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MACRIED	1-30-1889 78	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)	Downs	U.S.A.
Electrician Martin Go.	Penna.	0.3.A.
	21 E C 141	
Prentenda Mease	Mary E. Smith	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No     196 14 0869	LULA MEASE	same
IB. 2 2 4 VI CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	cardiae failure &	
(This does not meon the made of dying, e.g., DUE TO heart failure, asthenia, etc. It meons the disease,	Preumonia.	0 - 1000
injuly of camplication which coused death.)		25 days
ANTECEDENT CAUSES (B)		***************************************
DISEASES OR CONDITIONS, if any, giving	stroke	
rise to the obove cause (A) stating the (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	FECVD	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	47 C A D	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? or No. 20B. IF YES, WERE FI	NDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUS	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.		City, give exact location)
DEATH (notify medical examiner) etc.)	office bldg., INJURY OCCUR?	
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
▼ OF INJURY (APPROX.)  While At Not Wi		
(APPROX) Work At Wo		
22. I certify that (m) (this haspital) attended the deceased from	11 - 9 - 19 67 10	
that ( (we) lost sow the deceased alive on 12-5	19_67ond that in( our) opini	on deoth occurred on the dot
and hour and from the causes stated above. (1) (We) (did) (did total)	view the body ofter death.	
23A. SIGNATURE		23B. DATE SIGNED
B. A. DESAIM.D. A	Attending Med. Stoff Phys.	12-5-1967
23C. PHYSICIAN'S	23D. ADDRESS	62 3 11-1
NAME (Type)		
M.C		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C		, town, or county) (Stote)
Burial 12/9/67 Belair Memoria	l Gardens Belair, Harford	d Co., Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTED	ADDRESS
DEC 11 1967 Role & E. Falleums	Hruzuzinski kunerai Hone	1407 Eastern Ave.
THE RESERVE THE PROPERTY OF TH		

VS 150-REV. 1/1/65



attendance on the

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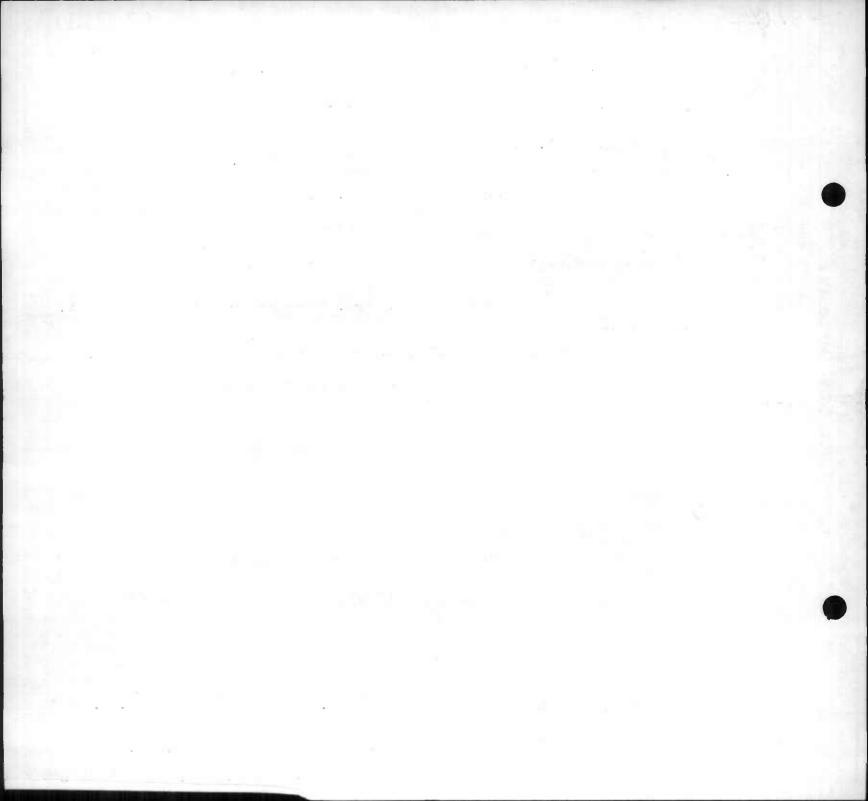
prior to death.

	BALTIMORE CITY	HEALTH DEPARTMENT	OH MANOO
BIRTH NO.	7. 11790 CERTIFICA	TE OF DEATH Registered No.	67 11790
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Type or Pont)	DRANKT IN CAMBBUT		
3. PLACE OF DEATH IN BALTIMORE MA	FRANKLIN CAMPBEL	L Dec. 6, 1967	M
S. FEACE OF DEATH IN BALLINORS MA	RILAND	A. STATE B. COUNTY	stitution: residence before odmission)
FULL NAME OF (If not in hospital HOSP)TAL OR oddress or location	or institution, give street	C. CITY OR TOWN (If outside city limits, write I	NII DALLA I CALLA I CA
INSTITUTION	INSTITUTION		RURAL and give township)
10 720 Light St		Baltimore  D. STREET ADDRESS (If rurol, give location)	0 er 01
O O TEO HIGHO SU	•	720 Light St.	*
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
M	Married (specify)	Aug. 2, 188 9. AGE (In years lost birthdoy)	Months Doys Hours Min,
IOA. USUAL OCCUPATION (Give kind of work	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF
done during most of working life, even if retired) Owner	Tavern	Virginia	WHAT COUNTRY?
13. FATHER'S NAME	Tavalii	14. MOTHER'S MAIDEN NAME	
Albert Campbe	11	Doni Campbell	
5. Was Deceased Ever in U. S. Armed For	ces? 1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dote			
No	212 34 9333	Mrs. Margaret Gangi 72	20 Light St.
DISEASE OR CONDITION DIS	CAUSE O	inoma of rectum	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of		THOMA Of Legion	lyear
hearl failure, asthenia, etc. It means injury ar camplication which coused	4 - 46 )		
ANTECEDENT CAUSES	Arter	io sclerotic heart diseas	se 7
	DUE TO		
DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last.	soling the (C)		
11			
O THE SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELA	TED TO THE		
WAS PERI	DITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID (If in Boltimore ffice bldg., INJURY OCCUR?	City, give exoct locotion)
21D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not Whil	e _	
	Work At Work		516-16-5
	) ottended the deceased fram 9/	13/6// 19 to	12/6/67
that (I) (we) lost sow the decease	d olive on 12/6/67	ond that in(my) (our) opin	nion death occurred an the dote
and haur and from the causes stat	ed obove. (I) (We) (did) (did not) v		
23A. SIGNATURE			238, DATE SIGNED
I tary le	Ilel M.D. Atte	ending Med. Stoff Phys.	12/8/67
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
Harry Deibe	1 M.D.	1226 S. Hanover Street H	Balto.Md. 21230
24A. BURIAL CREMATION, 24B. DATE			

Burial 12/9, 25A. DATE REC'D BY HEALTH DEPT. 67 Glen Haven
258. NAME OF REGISTRAR Mem

Pk Glen Burnie, ADDRESS

715 Light St. DENNY. INC



-	2	-	1	-	1
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing rause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	Written approval must be obtained before the remains are embalmed or final disposition is made.
	노부	sh	×	de	3

M.E. CASE NO.  INAME OF DECEASED  Type or Print) LEONA ZUKO	)WSK I			08/67	7:00 A.
FULL NAME OF HOSPITAL OR Oddress or loc INSTITUTION  ST. AGNES HOSP	ital or institution, action)	give street	MARYLAND	21222	institution: residence before admissi
O CATON & WILKE	NS AVE.	21229	D. STREET ADDRESS (IF	N AVENUE	
FEMALE WHITE	WIRANE	R PED CED (specify)	03-13-90	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of done during most of working life, even if retire House wife			POLAND		12. CITIZEN OF WHAT COUNTRY? U. S. A.
3. FATHERS NAME MICHAEL POZNIK	ζ []	DECEASED	MARY		ECEASED
5. Was Deceased Ever in U. S. Armed (es, no or unknown) (If yes, give wor or	Forces? dotes of service)	SECURITI NO.	ST. AGNES H		
This does not mean the mode heart failure, asthenio, etc. It me injury at camplication which cou	TH of dying, e.g., ons the disease,		EAST WITH		
LEADING TO DEA  (This does not mean the mode head failure, asthenia, etc. It me injury at camplication which cou ANTECEDENT CAU  DISEASES OR CONDITIONS, tise to the above cause (UNDERLYING CONDITION lost.  11  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT THE DEATH BUT NOT TO THE DEATH BUT NOT THE DEATH BUT NOT TO THE D	TH of dying, e.g., ons lhe diseose, sed deolh.) SES if ony, giving (A) stating the	(B)	EAST WITH	3500 000 0 hiven a a a a a o o o a a o o o o o	
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LEADING TO DEA  (This does not mean the mode heard failure, astheria, etc. It me injury at camplication which cou ANTECEDENT CAU  DISEASES OR CONDITIONS, tise to the above cause (UNDERLYING CONDITION to the DEATH BUT NOT TO THE DEATH TO TH	of dying, e.g., ons the disease, sed death.)  SES  if ony, giving the state of the second sec	(B) DUE TO (C) G G IE WHICH OPERATION  - PLACE OF INJURY (e.g., in the, form, foctory, street, off	20 A. AUTOPSY? (Yes or No NO Or obout 21 C. WHERE DID	) 208. IF YES, WEF IN CERTIFTING (	RE FINDINGS CONSIDERED
LEADING TO DEA  (This does not mean the mode heard failure, astheria, etc. It me injury at camplication which cou ANTECEDENT CAU  DISEASES OR CONDITIONS, tise to the above cause (UNDERLYING CONDITION lost.  11  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSIN 199A. DATE OF OPERATION 198. CWAS  UNDESTRUCTION 198. CWAS  21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Doy) (Year OF INJURY (APPROX.)	TH  of dying, e.g., ons lhe diseose, sed deolh.)  SES  if ony, giving (A) stating the  S CONTRIBUTION  SELATED TO TH  G IT.  CONDITION FOR V  PERFORMED  G (Hour) 21E.  Wh  Wh	(B)	20 A. AUTOPSY? (Yes or No NO NO or obout 21 C. WHERE DID injury occur?	OB. IF YES, WEF IN CERTIFYING (	RE FINDINGS CONSIDERED CAUSES OF DEATH? Note City, give exact location)
LEADING TO DEA  (This does not mean the mode head failure, asthenia, etc. It me injury at camplication which cou ANTECEDENT CAU  DISEASES OR CONDITIONS, tise to the above cause (UNDERLYING CONDITION to the DEATH BUT NOT TO REAL TO THE DEATH (NOT ROUTED CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21.D. TIME (Month) (Doy) (Year CAPPROX.)  22. I certify that (1) (this hosp that (1) (we) last saw the dece	of dying, e.g., ons the disease, sed death.)  SES  if ony, giving the state of the second of the sec	GEWHICH OPERATION  PLACE OF INJURY (e.g., in ne, form, foctory, street, off risk white the control of the contr	20 A. AUTOPSY? (Yes or No NO NO or obout 21 C. WHERE DID in JURY OCCUR? 21 F. HOW DID IN JURY OCCUR? 21	OB. IF YES, WEF IN CERTIFYING (	RE FINDINGS CONSIDERED CAUSES OF DEATH? Note City, give exact location)
COLOR OF THE CONTRIBUTING CONTRIBUTION CONTR	of dying, e.g., ons the disease, sed death.)  SES  if ony, giving the state of the second of the sec	(B) DUE TO (C)  G G WHICH OPERATION  PLACE OF INJURY (e.g., in ne, form, foctory, street, off)  INJURY OCCURRED At Work  he deceased fram (C)  ECEMBER  (We) (did) (dix XXX vi	20A. AUTOPSY? (Yes or No NO NO or obout 21C. WHERE DID injury occur?  21F. How DID INJury occur?  21F. How DID INJury occur?  21F. How DID INJury occur?	OB. IF YES, WEF IN CERTIFYING (	REFINDINGS CONSIDERED CAUSES OF DEATH? Note City, give exact location)
CONTRIBUTING CAUSE OF INJURY  21A. ACCIDENT WAS UNDERLYINDOR CAUSE OF CONTRIBUTING CAUSE OF INJURY  21A. ACCIDENT WAS UNDERLYINDOR CAUSE OF INJURY  ACCIDENT WAS UNDERLYINDOR CAUSE OF INJURY  (APPROX.)  22. I certify that (A) (this hosp that (M) (we) last saw the dece and haur and fram the causes:  23C. Physicians  NAME (Tree)	of dying, e.g., ons the disease, sed death.)  SES  if any, giving the state of the sed death.)  SCONTRIBUTION FOR A PERFORMED  G 121B, hotel of the sed dive an assed alive an asset of the sed dive and asset of the sed dive and the sed divergence of	(B) DUE TO (C)  GE WHICH OPERATION  PLACE OF INJURY (e.g., in the form, foctory, street, off)  INJURY OCCURRED At Work he deceased fram the form of th	20A. AUTOPSY? (Yes or No NO NO COUR? 21C. WHERE DID INJURY OCCUR? 21F. HOW	OPENS AVE.	ECEMBER 8 19 67

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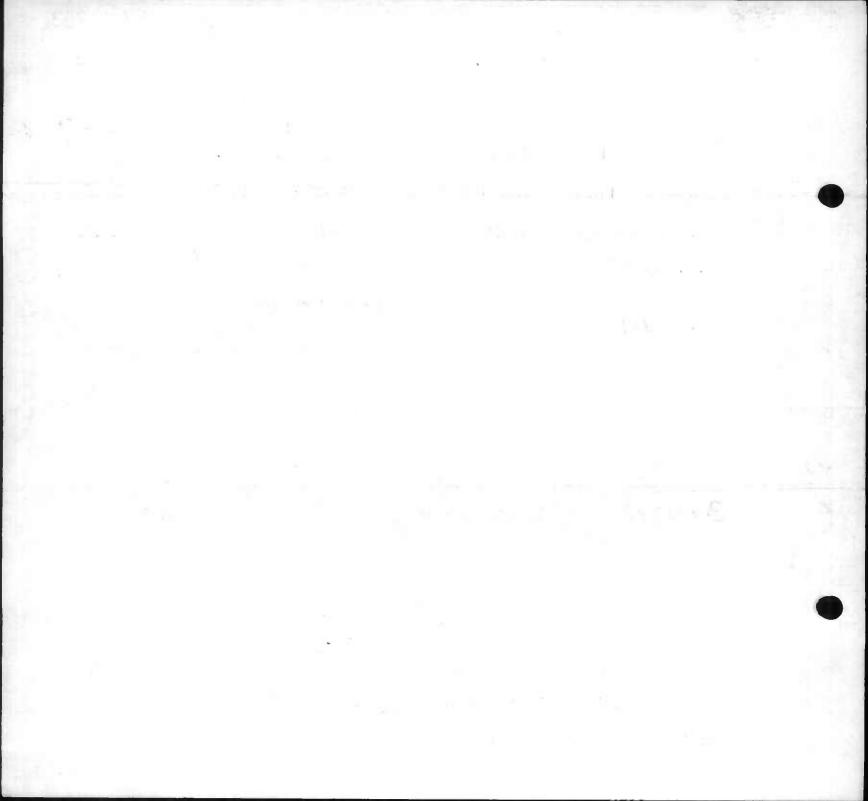
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MARK DESERTE STREET MARK

TENERS DE L'ANTERON SENEA . TENERS. DO CON.

DR. ROEDLED MESTELLS CATON & WILKEST ATE. DALTES NO. UNICE

	BALTIMORE CIT	Y HEALTH DEPARTMENT	67 11792
0	BIRTH NO.  M.E. CASE NO.  67 11792 CERTIFICA	TE OF DEATH Registered No.	0/ 11/36
	1. NAME OF DECEASED (Type or Print) HERBERT C. CARRUTH	2. DATE AND HOUR OF DEATH	13/7 M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where dedecated lived, If in A. STATE 8. COUNTY	stitution: residence before odmission)
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	SOUTH CAROLINA C. CITY OR TOWN (If outside city limits, write 1 ROCK HILL 29730	RURAL and give township)
6	JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give locotion) 869 MYRTLE DR.	7-5/
s mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED YUNGER DEVORCED (specify)	8. DATE OF BIRTH 3-17-13  9. AGE (In yeors lost birthdoy) 54	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
sposition is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) Asst.General Manager Textiles	11. BIRTHPLACE (Stote or foreign country) Georgia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
305	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME LEONAL HULSDY	
disi	R.A. CARRUTH  15, Was Deceased Ever in U. S. Armed Forces?   16, SOCIAL		
Tungi	15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
0 1	18. / 2 / 1 CAUSE C	Hospital records	INTERVAL BETWEEN
Bed	tinis does not intent the mode of dying, e.g.,	la acrtic sterosia Hersuficie	onset and death  ncy Years
e III 0	heorl failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DUE TO		
ns are	DISEASES OR CONDITIONS, if ony, giving		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	nia tentalle sepsio.	
	1/27/67 198. CONDITION FOR WHICH OPERATION WAS PERFORMED CONTACT STRUCKS + MONTH	YES THE CERTIFYING CALL	NO DEATH?
Detore	OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)  OR CONTRIBUTING CAUSE OF home, form, foctory, street of etc.)	ffice bldg., INJURY OCCUR?	City, give exact location)
50000	OF INJURY (APPROX.)  (Month) (Doy) (Yeor) (Hour)  21E. INJURY OCCURRED  While At Work At Work		
	22. I certify that (I) (this hospital) attended the deceased from	(//25/67 19 to le	2/5/62 19
	that (I) (we) lost sow the deceased alive on		nion deoth occurred an the dote
0	and hour and from the couses stated above. (1) (We) (did) (did not)	view the body ofter deoth.	
	Physical Control of the Physical Physic		12/5/67
	23C. PHYSICIANS NAME (Type)	The Johns Hopkins Hos	nital
	M Crile Crisler, M.D. M.D.  24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY of CR		ty, town, or county) (State)
	Burial 12/6/67 Laurel Wood Ceme		
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
3	150 11 967 6 0, 8 9 3 And MA	Ullrich Funeral Home 421	O Belair Road.
	V\$ 150-REV, 1/1/65-	For Bass Fimeral Home TR	ock Hill S C



	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	n the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
	ospita	e of	5) Dec	nce o	leath.	
	a h	cans	) :es!	enda	10	
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	curre	ribu	nine	gular	pe	made
	th oc	con	eterr	n re	sceds	Si uc
	deal	t or	Dud	ds ii	e de	asitio
F	nt if	direc	(4)	rh «	n th	disp
STA	sista	the	kind	dea	o e o	Indi
FUNERAL DIRECTOR: IMPORTANT	iis as	o, if	any	pesu	puqai	ort
3	rorh	Also	ire of	nouc	atte	me
OR	nine	iner.	ractu	b pre	gular	ambo
ECT	exar	<b>MBX</b>	3) A (	who	n reç	Gre
PIR	dical	cal	ns; (;	ician	1 SD/	Saine
RAL	f med	medi	/ bur	phys	A UD	POT C
JNE	chie	y 0	Bod)	the	ysici	4+ v.
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	ed by	iospi	ature	pt w	4 (9)	Pour
	prov	the h	ny n	exce	and	phtoi
	9 ap	ot b	t of a	ital (	1th);	+ 4
	ust b	ease	ident	hospi	o dea	Silm
	Ite m	is re	ח מככ	at a	ior te	written approved must be obtained before the remains are embalmed or final disposition is made.
	tifice	y we	(I) A	J.A.	d pe	Sann
	Scer	poq a	WS:	s D.C	edse	**
	Thi	the	sho	X	de	3

NA/ Type	CASE NO.  ME OF DECEASED  or Print)  To dute				
	J- 1117	and the second s	2. DA	TE AND HOUR OF DEATH	1
. PL/	11CAUL	, 15058	/	2/7/61	14364
	ACE OF DEATH IN BALTIMORE, MA		A. STATE B.	COUNTY	institution; residence before odmis
НО	OSPITAL OR oddress or locotic STITUTION		C. CITY OF LOWN M	ORE limits, write	RURAL ond give township)
	THE JOHNS HOPE	KINS HOSPITAL	D. STREET ADDRESS	(If rurol, give locotion)	400
. SEX	X 6. RACE	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
		10B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	At home		Marylan	id.	U.S.A.
3. FA	ATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
	AKBERT WARMBO	LD	MAF	ΥY	
	os Deceosed Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT		ADDRESS
11	2. Since the first the second of the	SECURIT NO.	Mrs. La Rue	Bardroff 2508	Glencoe Road
18	B. // "> 0 /	CAUSE	OF DEATH	ular failu Linfarcts	INTERVAL BETWEEN
ri	DISEASES OR CONDITIONS, if rise to the obave cause (A) UNDERLYING CONDITION last.	any, giving	<i>U</i>		
ATIO	OTHER SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING	ATED TO THE			
CERTIFIC 19	9A. DATE OF OPERATION 19B. CON WAS PER		NO	s or No. 20B. IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH?
_ 0	21 A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g home, form, foctory, street, etc.)	olfice bldg., INJURY OCC	DID (II in Bollimo	ore City, give exact location)
AED O	21 D. TIME (Month) (Doy) (Yeor) DF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED  While At Work  At Wo	hile	OID INJURY OCCUR?	
		1) arended the deceased fram	7 /7	196710	EC 7 196
	hat (I) (we) last saw the decease	ted abave. (I) (We) (did) (did nat			pinian death accurred an the
1	3A. SIGNATURE	M.D. A	Attending Med.	Stoff -	23B. DATE SIGNED
23	PASCIAN'S NAME (Type)	R RET D M.	23D. ADDRESS	Phys.	12/10/
4A.	BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of	1-6.	24D. LOCATION	City, town, or county) (St.
	REMOVAL (Specify)				
	urial 12/9/67	7 Parkwood Ceme	25C. FUNERAL DIE	Parkville, Md	ADDRESS
18	acc 11 mc7	DO R. Q. Fr. Ower			210 Belair Road.

Millip Reid Mouse R FEED

FUNERAL DIRECTOR: IMPORTANT	AB-5
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the classed prior to death); and (6) No physician was in regular attendance on the classed prior to death. Such	250-70-121 250-5
Written approval must be obtained before the remains are embalined of that alsposition is indue.	

	5-21	00	67 11	794 BALTIMORE CIT	Y HEALTH DE	PARTMENT		67 11794
M.E.	H NO. CASE NO. AME OF DEC		O y 34, 34, 1	794 CERTIFICA	ATE OF	DEATH	Registered No.	
(Тур	e or Print)	GEDI	RGE	SCHUCK			2/2/67	3:30 A
		TH IN SALTIMORE			A. STATE Maryl			institution: residence before odmissi
H	FULL NAME OF HOSPITAL OR NSTITUTION	Baltimore			C. CITY OR			RURAL and give townshipl
	31	4940 East	ern Aven	nue	D. STREET	-	If rurol, give location)	
5. S	EX	Baltimore		IO ZIZZĄ	2019 8. DATE OF	Bear	Ridge Road  9. AGE (In years	Apt. 104 21219
	fale	White		WED, DIVORCED (specify)		0, 1923	10st birthdoy	Months Doys Hours Min.
		working life, even if re	etired)	o of Business or industr Ling	Penr		reign country)	12. CITIZEN OF WHAT COUNTRY?
13. [	FATHERS NAM	e Schuck				rgaret		
	Was Deceosed	Ever in U. S. Arm		SECURITY NO.	17. INFORM	ANT	4940 Eastern	Address Avenue 21224
	18. // //	3 XI			OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	DISEA	E OR CONDITIO		/	1001010	0	1. ( 1. ° O 2 .	+ 2 Days
MOIL	other sign	OR CONDITIONS, B above cause CONDITION to:  II  FICANT CONDITION EATH BUT NOT CONDITION CAU	(A) slating sl.  ONS CONTRIBU RELATED TD	ring TING				
ERTIFICA	19A. DATE OF	OPERATION 198		OR WHICH OPERATION	20 A. AUT	OPSY? (Yes or		FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21 A. ACCIDEL	TWAS UNDERLY	ING [	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg., IN.	WHERE DID	(If in Boltimo	ore City, give exoct locotion)
ō	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy)	(Year) (Hour)	21 E. INJURY OCCURRED  While At Not W Work At Wo	nile 🖂	HOW DID II	NJURY OCCUR?	
	ond hour one	lost sow the de I from the couse	s stated above	on 7 December on	view the boo	ond ly ofter death	that in (our) op	DECEMBER 19 67 Dinian death occurred on the co
	23C. PHYSICIA NAME (T	N'S		M.I	23D. ADDRES	BALTI	MORE CITY	Hospital S 2122
24A	BURIAL CRE			C. NAME of CEMETERY of C	REMATORY			City, town, or county) (State
T	REMOVAL (	Specify)						City, town, or county) (Stote
	Burial	12/1	L1/67 F	orest Lawn Cem	etery		oungstown, 0	hio
	Burial	BY HEALTH DEPT	L1/67 F		25C. FUI	Yeral Direct	oungstown, O	

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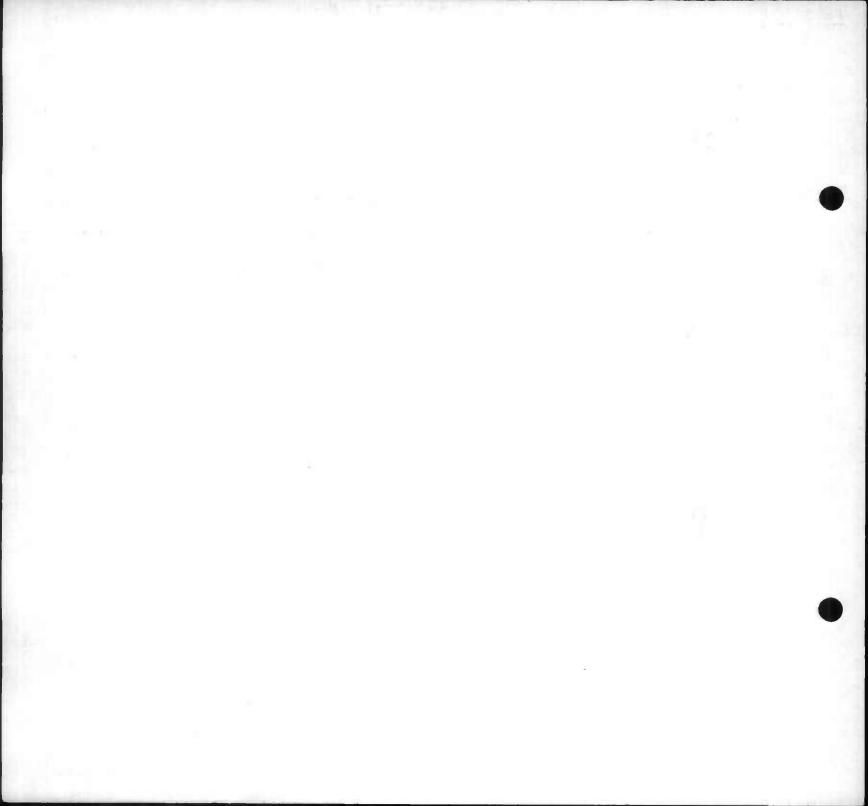
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7 DECEMBER

BIRTH NO. 67 11795 CEDITIES ATE OF DEATH Registered No. 67	11795
M.E. CASE NO.	
1. NAME OF DECEASED (Type of Print) CHARLES W HARROD 12/7/67	3:45 P
FULL NAME OF HOSPITAL OR oddress or locotion)  4. USUAL RESIDENCE (Where deceosed lived, If institution:  B. COUNTY  B. COUNTY  C. CITY OR TOWN (If outside city limits, write RURAL or	2/222
MARY CAND GENERAL  BHUSPITAL  D. STREET ADDRESS (If rurol, give locotion)	Bulte Co.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTY 7, 19, AGE (In years If Und	er_1 Yr., If Under 24 I
MONTHS WIDOWED 1877 Sost bighdown Months	Doys Hours Min
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  RETIRED (BN) (R->  BOCTIMURE, MD)	TZEN OF HAT COUNTRY?
13. FATHER'S NAME  JOHN-HORROD  14. MOTHER'S MAIDEN NAME  LAURA HART	
15, Was Deceased Ever in U. S. Armed Forces?   16, SOCIAL   17, INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 3 MRS POSSELL HARROD-1914	1/41/ 12/104
1B. CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) PULMONARY EMBOLUS	1 UNUB
this does not mean me mode of dying, e.g.,	177007
hearl foilure, osthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B) Control warrula orderen	
ANTECEDENT CAUSES  (B) Chuck for warmen orderen	• • • • • • • • • • • • • • • • • • •
DISEASES OR CONDITIONS, if any, giving tise to the obove couse (A) stating the (C)	
rise to the obove couse (A) stating the (C) UNDERLYING CONDITION tast.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	ve exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED  OF INJURY (APPROX.)  While At Work  Not While At Work	
22. I certify that (1) (this haspital) attended the deceased fram 11/22/6'7 19 67 ta 12/7/	67 196
that (I) (we) last saw the deceased alive an	oth accurred an the
and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.	
	TE SIGNED
Attending Med. Stoff Phys. 23C. PHYSICIAN'S 23D. ADDRESS	2/7/
NAME TOPE J. MANEKIN M.D.	,
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, REMOVAL (Specify)	or county) (Stot
BURIAL 12/9/67 DRUID RIDGE PIRESVILLE	mo
256, DATE REC'D BY HEALTH DEPT. 256, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
DEC 11 1961 Roberts E. Farluna VILLRICH FUNERAL HOME -	4210 BELDI

67	11700	Y HEALTH DEPARTMENT	67 11796
	CERTIFICA	ATE OF DEATH Registered Na.	
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  Carrie I	insenmayer	Dec. 6. 196	7 200 P
3. PLACE OF DEATH IN BALTIMORE, MAI		4, USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before admissi
FULL NAME OF (If not in hospital of oddress or locotion INSTITUTION	ar institution, give street	Maryland	RURAL and give wornship)
3607 Kimble Road		D. STREET ADDRESS (If rurol, give locotion) 3607 Kimble Road	
	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	B. DATE OF BIRTH  Aug. 14, 1879  88	If Under 1 Yr. If Under 24 H Manths Days Haurs Min.
16A. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)  At home		/ 11. BIRTHPLACE (State or foreign cauntry) Penna	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME	
?		Mary Williams	
15, Was Deceased Ever in U. S. Armed For (Yes, no or unknawn) (If yes, give wor or dote:		Miss Dorothy Herman 3607 I	Address Kimble Road
18.24 44	CAUSE	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the made of heart failure, asthenia, etc. It means injury or complication which coused ANTECEDENT CAUSES	dying, e.g., the disease, death.)	the perterna	) 1075
DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last.		V	
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO THE \ new	monto	
19A. DATE OF OPERATION 19B. CON WAS PERF	DITION FOR WHICH OPERATION ORMED	20 A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or about 21 C. WHERE DID (If in Boltimo affice bldg., INJURY OCCUR?	re City, give exect locotion)
21 D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	(Hour) 21E, INJURY OCCURRED  White At Nat White At Wark		
22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the causes stat	d alive an Dec. 6,	11	inian death accurred on the d
23A. SIGNATURE	M.D. Ar	tending Med. Stoll Phys. 223D. ADDRESS	12.7.67
W. H. GRENZ	FR M.D.	1 = 1 = 2 3210	Re.

REMOVAL (Specify) 7 Parkwood Cemetery
258. NAME OF REGISTRAR Parkville, Md. 12.8/67 Burial 25C. FUNERAL DIRECTOR ADDRESS DATE REC'D BY HEALTH DEPT. Ullrich Funeral Home 4210 Belair Road. V\$ 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 67 11797 CERTIFICATE OF DEATH Registered No. 67. 11797
M.E. CASE NO.  1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH
(Type or Print) RMTH INEZ BENTZ 12/6/67 11:07/M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, if institution, residence before 6dm/ssion)  A. STATE B. COUNTY
FULL NAME OF (If not in hospitot or institution, give street HOSPITAL OR INSTITUTION (If outside city limits, write RURAL ond give lownship)  C. CITY OR TOWN (If outside city limits, write RURAL ond give lownship)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BGFRANKLIN SQUARE HOSPITAL D. STREET ADDRESS (If rural, give location)
TEMPLE WHITE 3/3/10 57
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
MARGLAND N.S.L.
13. FATHER'S NAME
HERBERT BLUR MARGARET MURRAY
HERBERT BLAIR  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or ynknown) (If yes, give wor or doles of service)  17. INFORMANT  ADDRESS
FAMILY SAME
1B. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY
LEADING TO DEATH (A) BRAIN TUMOR (MENINGIOMA)
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)
ANTECEDENT CAUSES  (B)  DUE TO
DISEASES OR CONDITIONS, if ony, giving
rise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location)
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   (If in Boltimore City, give exact location)   No CONTRIBUTING   CAUSE OF   CAUSE OF   CAUSE OF   CAUSE OF   CAUSE OF   NJURY OCCUR?
DEATH (notify medical examiner)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  While At Work  At Work
22. I certify that (1) (this haspital) attended the deceased from 11 100 19 67 to 12 6
that (1) (we) last sow the deceased alive an 12/4 ond that in (my) (aur) apinion death accurred an the date
and haur and from the causes stated obave. (1) (We) (did) (did not) view the bady after death.
23A. SIGNATURE
M.D. Attending Med. Stoff W
23C. PHYSICIAN'S  23D. ADDRESS
NAME (Type) TO MAY L. HUEDA M. OF FRMILLING SQUARES HORD
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
PEMOVAL (Specify)
125A, DATE REC'D BY HEALTH DEPT. 125B, NAME OF REGISTRAR 125C, FUNERAL DIRECTOR D. ADDRESS 2.27
DEC 11 1967 A O. R. & Frank McC. Olima 237 Laters C. 2120
ALLO SIL HANDER SI MANUEL SILVERS SILV

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rect or contributing cause of death (4) Undetermined cause; (5) Deceased hospital atten prior occurred made regular deceased isposition = Was the eath uo o ō kind; final attendance any pronounced 10 embalmed of fracture the chief medical examiner regular 9 3 physician the remains Mas burns; physician Body 0 0 before to the hospital by 3 where °Z nature; obtained 9 approved (except and any of hospital death) the body was released An accident 0 approval 0 prior ŧ D.O.A. eceased shows: SD

BALTIMORE CITY HEALTH DEPARTMENT 67 11798

Registered Na.

BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. (Type or Print)

Dorcas

Olive

3. PLACE OF DEATH IN BALTIMORE MARYLAND

Charles H. Riley

FULL NAME OF

HOSPITAL OR

2. DATE AND HOUR OF DEATH

December 4, 1967 3.30 P. M.
4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before odmission)

Maryhand (If not in hospital or institution, give street oddress or location)

Ransom

C. CITY OR TOWN Baltimore

(If outside city limits, write RURAL and give 109) 21229

U. S. A.

Long Green Nursing Home 115 E. Melrose Ave.

D. STREET ADDRESS (If rurol, give location) 531 Nottingham Road

5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy) White Married Nov. 24, 1908 Female 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY?

Baltimore, Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

> AND SHALL Cora Heaps

15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Lewis F. Ransom, D.D. 531 Nottingham Road No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) Mumonia ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION Iosl. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.)

21 D. TIME (Month) (Doy) (Year) (Hout) 21E INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY

While At Not While At Work Work

22. I certify that (I) (this hospital) attended the deceased from that (1) (me) last saw the deceased alive an and that In(my) (our) apinian death accurred an the date

and haur and from the causes stated above. (1) (Wer (did) (did not) view the bady after death.

23A. SIGNATURE		23 B. DATE SIGNED
Laurence Clash	M.D. Attending Med. Stoff Phys.	12/6/6
market C. 11 VI	1000 1000 1000 1000 1000	10/0/0

NAME (Type) AURENCE 24A. BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CREMATORY

Baltimore, County, Md. Woodlawn Cemetery 258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR ADDRESS
MCCully Funeral Home 37 Patapaco Ave. 21225

VS 150-REV. 1/1/65

REMOVAL (Specify)

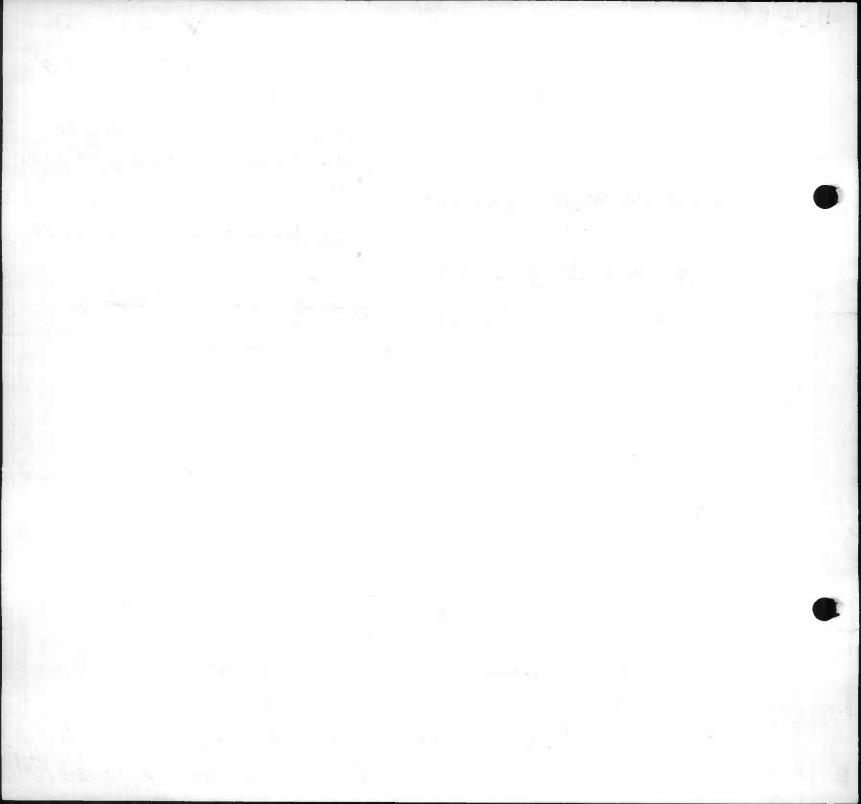
Burial

(APPROX.)

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M. T. Annua

		BALTIMORE CITY	HEALTH DEPARTMENT		05 44500		
	TH NO. 66-02784 67 117	99 CERTIFICA	TE OF DEATH	Registered Na.	6/ 11/99		
1. P	E. CASE NO. NAME OF DECEASED pe ar Printl	/	2. DATE AN	D HOUR OF DEATH	0 0		
	PLACE OF DEATH IN BALTIMORE, MARYLAND	Darrin /(e	4. USUAL RESIDENCE (When		itutian: residence befare admissian)		
	FULL NAME OF (If not in haspital or instituti	an, give street	Md BA	LTIMOR	EG		
	institution Hencel A	Locaital	SPARROWS	side city limits, write RU POINT	21219		
	5/1/21.09/1	EST R	OAD 53-05				
5.	SEX 6. RACE 7. MARR WIDO	HED, NEVER MARRIED WED, DIVORCED (specify)		9, AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min,		
	USUAL OCCUPATION (Give kind of work 10 B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?		
dor	ne during most of warking life, even if retired)		MARY	LHND	U.S.A		
13.	FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM	AE / [	,		
100	HOWARD E. KE	ENER	NEAN	HORSE	Y		
	Was Deceased Ever in U. S. Armed Farca's? is,na ar unknown) (If yes, give war ar dates of servi	security No.	1/. INFORMANT	AS	ADDRESS 4		
-	18 400 22 41	CAUSE O	H.E. DECA	VER	HOOVE,		
	DISEASE OF CONDITION DIRECTLY				ONSET AND DEATH		
	LEADING TO DEATH	(A) N	EUROBLASTO	OMA	3 moz.		
	(This does not mean the mode of dying, heart failure, asthenio, etc. It means the dise injury or complication which caused death.)	e.g., DUE TO					
	ANTECEDENT CAUSES	(B)					
	DISEASES OR CONDITIONS, if any, given	ving					
	UNDERLYING CONDITION last.	the (C)					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				10 3 8 10		
U	19A DATE OF OPERATION 119B, CONDITION E	OR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na	20B. IF YES, WERE FIN	NDINGS CONSIDERED		
METER	WAS PERFORMED	BLASTOMA		IN CERTIFYING CAUS	SES OF DEATH?		
AL C	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i hame, form, factory, street, a etc.)	n ar about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare (	City, give exact lacation)		
EDIC	OF INTURY	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	<del></del>		
2	(A PPROX.)	While At At Wark					
	22. I certify that (I) (this hospital) attended	ed the deceased from/_	2/4/67 1	9 to /2	1967.		
	that (1) (we) last saw the deceased alive	on 13/7/67	196.7ond the	ot in (my) (our) opini	on death accurred on the date		
and hour and from the causes stated above. (1) (We) (dld) (did nat) view the body after death.    23A, SIGNATURE   23B, DATE SIGNED							
	maria 4 Du	M.D. Att.	ending Med. Director	Staff Phys.	12-7-67		
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	Tily's.	1 0		
	MARIA Y. QUE	M.D.	MERCY	HOSPITAL			
24		C. NAME of CEMETERY OF CR		OCATION (City,	, town, ar caunty) (State)		
2	DUKIAL 12/8/1967	OAKLA	TWN BA	outo, la	, Md.		
25	A. DATE REC'D BY HEALTH DEPT. 25B. NA	R. C. T. O. C.	25C. FUNERAL DIRECTOR	. h. 10.	ADDRESS AND		
VS	150-REV. 1/1/65	IT E, JOHNSON	MI JUNUS	Home	7 11 www.		



hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO Decease 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) DECEMBER 9, 1967 0 MAE SILVIUS, MARTH death. of 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE
B. COUNTY attendance contributing cause etermined cause; (5) MARYLAND 21043 (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION 0 ST. AGNES HOSPITAL ELLICOTT CITY CATON & WILKENS AVES. prior D. STREET ADDRESS (If rurol, give location) BALTIMORE, MD. 21229 RFD #2 isposition is made regular MARRIED, NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years 6. RACE If Under 1 Yr. deceased WIDOWED, DIVORCED (specify) Months! lost birthday FEMALE WHITE MARR IED 1-7-18 49 12. CITIZEN OF WHAT COUNTRY? 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired)
HOUSEWIFE = MARYLAND (4) Und Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MANNIETHOMAS JOHN KXBKKXX RIDGLEY death 00 T ST. A 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL BALT IMORE, AGNES HOSPITAL final SECURITY NO. attendance RECORDS 21229 NONIE NO any CAUSE OF DEATH pronounced or DISEASE OR CONDITION DIRECTLY balmed of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., OF heart failure, asthenia, etc. If means the disease, injury or camplication which caused death.) gu em ANTECEDENT CAUSES who DUE 9 are 4 DISEASES OR CONDITIONS, if any, giving 3 la the above cause (A) stating the in a physician UNDERLYING CONDITION lost. remains Was medical ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body the O 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION the 8 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? fore 3 Ü 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF to the hospital å bel DEATH (notify medical examined) any nature; MEDIC obtained (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) At Work and Work NOVEMBER 19 67 10 DECEMBER 22. I certify that () (this haspital) attended the deceased fram. 19 67 DECEMBER 9 that (1) (we) last saw the deceased alive an. ...and that in (my) (aur) apinian death accurred an the date pe of eath) hospital and haur and from the couses stated above. (We) (did) (A A Not) view the bady after death. he body was released accident must 23A, SIGNATURE 23 B. DATE SIGNED ō Attending Phys. 9 GEORGE Director approval 0 CAT ( 23C. PHYSICIAN'S prior at NAME (Type) 3 LKENS AVES. An Y shows: (1) eceased 24A. BURIAL CREMATION, 24B. DATE City, town, or county) o REMOVAL (Specify) decease Ö VIEW DATE REC'D BY Was HEALTH DEPT OF 250. FUNERAL DIRECTO VS 150-REV. 1/1/65

-00

Hours

INTERVAL BETWEEN

ONSET AND DEATH

12/9/67

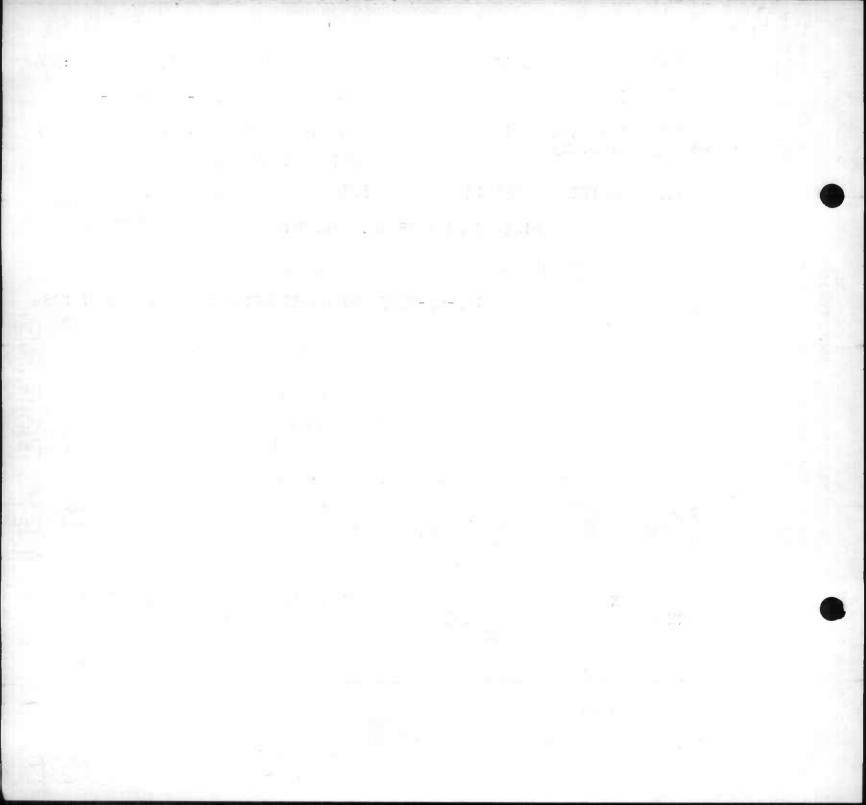
ADDRESS

Doys

If Under 24 Hrs.

Markett Total Total Day of the Administration 24 94 

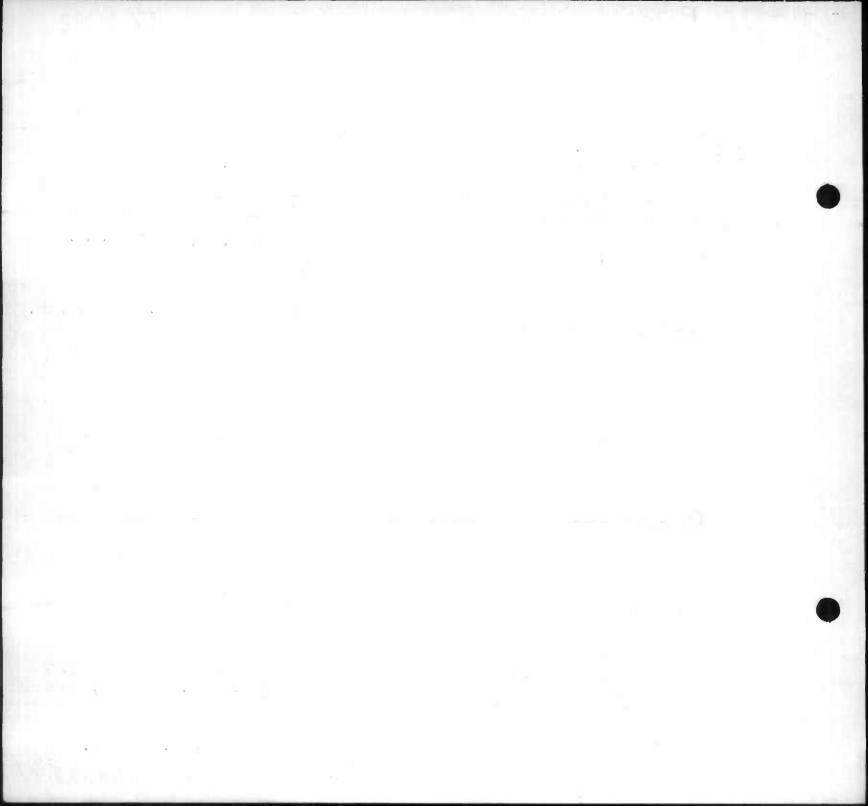
			OM	1100	BALTIMORE CITY	HEALTH DEPARTMENT		
	BIRTI	H NO.	6.7	1180	1 CERTIFICA	TE OF DEATH	Registered No	67 11801
	1. N	CASE NO.  AME OF DECEA  OF STATEMENTS	SED	JOSE PH			MBER 4 19	67   3:30A <sub>M</sub>
			H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where	e deceosed lived. If instit	ution: residence before admission)
	F	ST AG	NES HOSPIT	AL or institution,	give street		ITIZEN- AUS	1 40000 00
		NOITUTITZE					side city limits, write RUI	RAL ond give township)
1	11		& WILKENS	AVE		ELLICOTT CI	TY 21043	0000
		BALIU	MD 21229			781 WATERLO		
	5. \$1	MA LE	WHITE	7. MARRIED,	NEVER MARRIED  DIVORCED (specify)	8. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
1				10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign	gn country)	12. CITIZEN OF
			rking life, even if retired)	MINE W	ORKERS OF A			WHAT COUNTRY? AUSTRIA
	13. F	FATHER'S NAME	/			14. MOTHER'S MAIDEN NAM		
			UNKNO	DUN		VAM	NOW1/	
•			ver in U. S. Armed For If yes, give wor or dote		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	1	No			169-03-0965	ST AGNES RE	CORDS CA	TON & WILKESN
		1B. 3 2	3 : 0		CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
3			OR CONDITION DI	RECTLY	0	, , , , ,	1 .	ONZEL AND DEATH
			EADING TO DEATH	duina na	(A) Con	gestive Hearty	lailure.	
5		heart failure, a	sthenio, etc. II meons	the disease,				
		1-7	licolion which coused NTECEDENT CAUSES	deoin./	(B) Cor	Pulmonale +	A.SEUD.	
			CONDITIONS, if	anu sivina				
3		rise to the	obove cause (A)		(c) 5 i/	icosis + Fibrosi	s 2UUgs	
		UNDERLYING	CONDITION Iosi.					
	z	OTHER SIGNIFIC	II CANT CONDITIONS C	ONTRIBUTING	3			
D	ATION	TO THE DEA	ATH BUT NOT RELA	TED TO TH	E Caritati	on Upper lobes	angs.	
		19A. DATE OF C		DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
	0	21 A. ACCIDENT OR CONTRIBUTI DEATH (notify n	WAS UNDERLYING	21 B. hom	e, form, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimore C	ity, give exoct locotion)
3	U					015 110 11		
	Y E	OF INJURY (APPROX)	Month) (Doy) (Year)		ile At At Work	21F. HOW DID INJ	JRY OCCUR!	
2		22. I certify t	hat (X (this haspital	) ottended t	he deceased from	OVEMBER 19 1	9 67 to DE	CEMBER 4 19 67.
	11 1						at in <mark>X</mark> ny) (our) apinic	on deoth occurred on the dote
2	1 1	and hour and		red oboveA (A	(We) (did) (did not) v	iew the bady ofter death.	To.	3B, DATE SIGNED
		25A. 310141430KI		1	M.D. Atte	nding Med.		12/4/67
3		TO PHYSICIAN	auster	ugu	Phy:	Director 23D. ADDRESS	Stoff Phys,	14/4/0/
		23C. PHYSICIAN NAME (Typ	e) DAI DIO	RACII	n M.D.	UNAUFAS		
7	244	BURIAL GREM	ATION, 24B, DATE	WIE /	AME of CEMETERY OF CRE	MATORY 1245 46	OCATION (City,	town, or county) (State)
	-	REMOVAL (Sp		2		hend El	11 707	13101e)
)	254	DATE REC'D B	Y HEALTH DEPT	25B. NAME C	DE BEGISTRAD	Solum R. The	Topil cry	ADDRESS
	25A	, DAIL KEUD B	HEALIN DEFT.	ZJD, HAME	7 0	Hig into Them	JACK	F//KOTT CITY
	L		-0 1 1 1067	100 B	J. Att. Visuality	FUNERAL	410m E.	md



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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

F-630 67 11	RAD BALTIMORE CITY	HEALTH DEPARTMENT		67 11000	
DIXIN NO.	CERTIFICA	TE OF DEATH	Registered No	01 11802	
M.E. CASE NO.		2. DATE AND	HOUR OF DEATH	200	
(Type or Print) 101A FORWOO	D	DEC.	6. 1967	1 730 P	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If ins	titution: residence befare admission)	
FULL NAME OF (If not in hospital or institu HOSPITAL OR address or lacation) INSITUTION	tion, give street	Maryland c. CITY OR TOWN (If outsi	de city limits, write R	URAL and give lownship)	
Baltimore City Hospitals		Baltimore		1616	
4940 Eastern Ave.		D. STREET ADDRESS (If ru	rol, give location)		
Baltimore, Maryland # 212	24	4940 Eastern A	Ave. # 2122	24	
WID.	RIED, NEVER MARRIED DWED, DIVORCED (specify) arried	6-1-044 9.	AGE (In years est birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work 10B. KIN		11. BIRTHPLACE (Stole or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?	
done during most of working lite, even if retired)   Housewife   He		Manufond			
13. FATHERS NAME	ousewife	Maryland Bal	to. Co.	U.S.A.	
)		C+-17 - C1	2.13		
Adam Popp 15. Was Deceased Ever in U. 3-Armed Forces?	1 6. SOCIAL	Stella Cher	nowith	ADDRESS	
(Yes, no or unknown) (If yes, give war or dates of serv	ice) SECURITY NO.				
No		BCH; Records 4940	Eastern Ave	e. Baltimore, Md.	
18.354X41260X	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A4.	1. A. f. milion.	6 100	15 00 0	
(This does not mean the made of dying,	(A) [MU	(A) Arthir schoolie cembrovasurar disease			
hearl failure, osthema, etc. It means the dis	se,			0	
ANTECEDENT CAUSES				100	
	DUE TO				
DISEASES OR CONDITIONS, if any, g					
UNDERLYING CONDITION last.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
- 11		^			
O OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		2 Mul Olitus		Tupars	
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Na)	208 IE VEC MERE E	10.4	
19A. DATE OF OPERATION WAS PERFORMED	TOK WHICH OFERATION	NO	IN CERTIFYING CAU	ISES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in		(If in Baltimore	City, give exact location)	
DEATH (notify medical examiner)	home, form, foctory, street, of etc.)	nice bidg., INJURY OCCUR!			
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
OF INJURY (APPROX.)	While At Not Whil			,	
	Work At Work		12. 13	11	
22. I certify that (I) (this haspital) attend	led the deceased fram	19	000	190/	
that((1) (we) last saw the deceased alive	an 14 6	19and that	in(my) (aux apln	ian death accurred an the date	
and have and from the causes stated abo	ve. (1) (We) (did) (did nat) v	lew the bady after death.			
23A. SIGNATURE	2		/	23B. DATE SIGNED	
Bayann Jell.	ner MD. M.D. Atte		hys.	Dec 6, 1967	
23C. PHYSICIAN'S NAME (Type)	,	23D. ADDRESS 4940 East	tern Ave. Ba	altimore, Maryland	
Benjamin Lec	horer M.D.	BALT CI	TY HOST.	# 21224	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City	y, town, or county) (State)	
Burial 12-8-1967	Parkwood Cemeter	Bal.	timore, Co.	Md. ADDRESS	
DEC 11 1967 DO	B. Q. Tro D. M.	Passed J.	11 dillo.	Main of Gal	
VS 150-REV. 1/1/65	O C. MONSUFA	100 COLONIA COLONIA	mon Home	1701 (Sexally TOTAL)	



	e approved by the chief medical examiner or his assistant if death occurred in a hospital and	I to the hospital by a medical examiner. Also, if the direct or contributing cause of death	) of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
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	hosp	USB	(2)
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FUNERAL DIRECTOR: IMPORTANT	e ch	by	2) Bc
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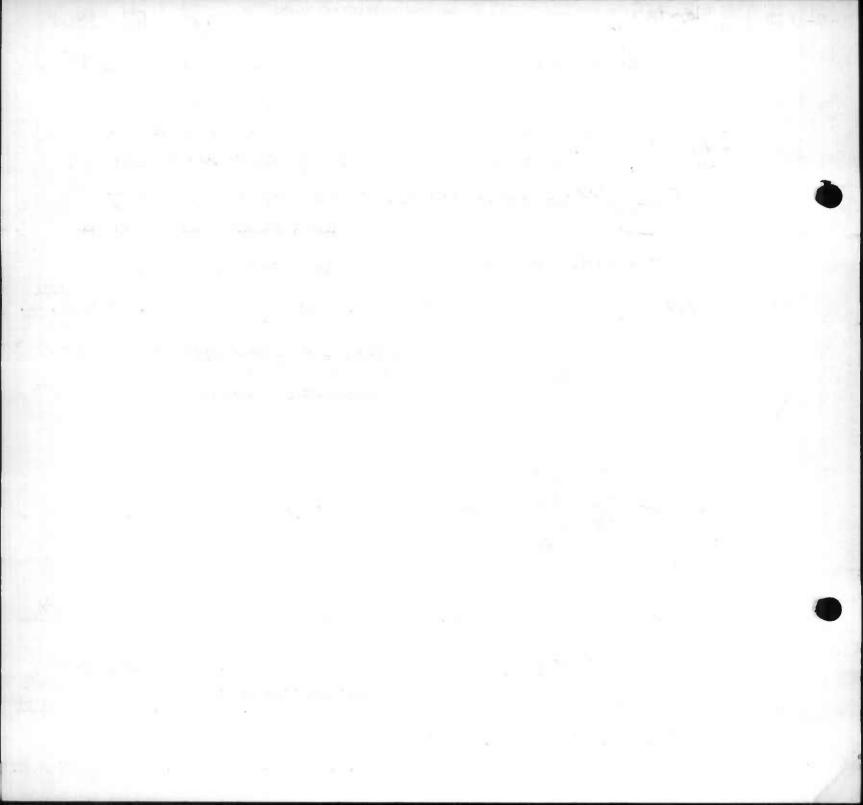
was D.O.

physician was

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2 DATE AND HOUR OF DEATH (Type or Print) 967 3. PLACE OF DEATH IN BALTIMORE MARY USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) B. COUNTY (If not in hospital or institution, give street FULL NAME OF ARYLAND
OR TOWN (IT outside city limits, write RURAL and organismship) HOSPITAL OR address or location) INSTITUTION HOSPITAL ADDRESS (If turol, give location) is made. 3500 DEVENSHIRE 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours lost birthdoy) WIDOWED 26,188 IGA USUAL OCCUPATION (Give kind of work 108 KIND OF RUSINESS OR INDUSTRY TIA BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? final disposition done during most of working life, even if retired) 11500 TERMANY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Ferces 6. SOCIAL 17. INFORMANT ADDRESS (Yes.no or unknown) (If yes, give wor or dates of service) SECURITY NO. gular attendance embalmed or fina BIRNBAUN N CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stating the UNDERLYING CONDITION last remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) DEATH (notify medical examiner) atr 1 MEDIC obtained 21 D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While ! (APPROX) Work At Work December 22. I certify that (1) (this hospital) attended the deceased from 196. December that((1) (we) lost sow the deceased olive on... ond that in (my) (our) opinion death accurred on the date and hour and from the couses stated above (1) (We) (did) (did not) view the body after death, must 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Stoff M.D. Med. Director approval Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DAT 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (State) REMOVAL (Specify) POSEDA BURIAL 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR 258. NAME OF REGISTRAR ADDRESS \$ 0 VS 150-REV. 1/1/65

BACKIMORE JATIGEOFF IAM 2 3500 DEVINORINE DRIVE CHARGOLINA LN MA LMWW23-Paggi Bhiusann Owners Muss Mo DAYLOR DINNER Brown 14/4/4 commence of the property property commence of some

BIRT	K-62	Dag 67 1	180	BALTIMORE CITY CERTIFICA			Registered No.	67 11804
M,1	L CASE NO.	ANDRA T.	KA				D HOUR OF DEATH	(45
3. 1		IN BALTIMORE, MARYLA				L RESIDENCE (Where	deceased lived. If institution	on: residence before admission)
Ⅱ.	CULL MANE OF	Of anti- baseled as in-	eleusia.	and a stand	A. STAT	d B. COUN'	altimore 1/2	
	FULL NAME OF HOSPITAL OR NSTITUTION	(If nat in hospital or ins address or location)	ititutian, g	give street		OR TOWN (If aut	side city limits, write RURAL	ond give township)
12	1 RALTI	MORE CIT	· Y ,	HOSPITAL			BALTIMORE	53-00
	4940 Easte	- 44	7001			LOGA GL	ural, give location)	1222 005
5. 9		Maryland # 2		NEVER MARRIED		/	~~	
	emale	white /	VEVE	R MARRIED	NO	V301967	7 DAYS Mon	ths Doys Hours Min.
	during most of worki	TON (Give kind of work 10 8, ng life, even if retired)	KIND OF	BUSINESS OR INDUSTRY	11. BIRTE	BALTIMO		CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			- #	14. MOT	HER'S MAIDEN NAM	AE	
	TH	N ZAMO	ARE	2		DOROTH	Y SAMPEN	</td
15. (Ye	Was Deceased Ever	in U, S. Armed Forces?	service)	1 6. SOCIAL SECURITY NO.	17. INFO			ADDRESS #21224
	NO	,, 3		3000000	BCH:	Records 494	40 Eastern Ave.	. Baltimore, Md.
	18.	- 01		CAUSE C	F DEATH			INTERVAL BETWEEN ONSET AND DEATH
		R CONDITION DIRECT	LY					4 8 Lours. ?
		neon the made of dyin	ıg, e.g.,	(A) CA	7RDIO	RESPIRATOR	RY ARREST	7 8 2003.
		enia, elc. Il means the olian which caused deol		17				
	ANT	ECEDENT CAUSES		(B)	NEO	NATAL	EPSIS	***************************************
	DISEASES OR	CONDITIONS, if any,	giving	00110				
	rise to the a	bove cause (A) slat ONDITION lost,	ing The	(C)		000 mm 000 000 0 == == 000 000 0 == == == == =		80 80 80 80 61 618 60 40 48 48 48 48 48 48 48 48 48 48 48 5 3 3 3 4 5 5 5 5 5 5
NOI	TO THE DEAT	II ANT CONDITIONS CONT H BUT NOT RELATED						
ERTIFICATIO	19A. DATE OF OPI	ERATION 198. CONDITION WAS PERFORM		WHICH OPERATION	20 A.	AUTOPSY? (Yes at No	208. IF YES, WERE FINDII	NGS CONSIDERED OF DEATH?
CERT	21 A. ACCIDENT V	VAS UNDERLYING	21 B.	PLACE OF INJURY (e.g.,	n or about	21C. WHERE DID	(If in Boltimore City,	, give exact location)
CAL	OR CONTRIBUTION DEATH (notily med	G CAUSE OF	ham etc.	e. lorm, foctory, street, o	ffice bldg.,	INJURY OCCUR?		
03	21 D. TIME (M.	anth) (Doy) (Year) (Ha	our) 21 E.	INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)		Wh	ile At At Wark				
	22. I certify tha	t,(H) (this haspital) att	ended t	he deceased fram DE	-C 7	800 AT 1	9 6 7 to DEC	7.61pm 19 by .
	that (1) (see) las	t saw the deceased al	ive an	DEC 7, 65	Pos. 19	7 and the	at in(my) (por) apinian	death occurred an the date
	and hour and fro	m the causes stated a	ibave. (I	) (Wef (did) (4/4/2/101)	view the	bady after death.	23 B.	DATE SIGNED
		Cole yo	nge		ending _	Med.	Stoff 1	DEC 7, 1967
	23C.PHYSICIAN'S	0		Phy	23D. ADD	RESS		
	NAME (Type)	Jonge		M.D.	Balt	imore City .	Hospitals e. Baltimore, 1	Maryland # 2122/
24	A. BURIAL CREMAT	ION, 248. DATE	24C. N	AME of CEMETERY OF CR				marytand # 21224
	Burial	12/8/67	St	. Stanislau	S	Bali	timore, Mary	
25/	A. DATE REC'D BY			OF REGISTRAR	25C.	FUNERAL DIRECTOR		ADDRESS
	nen	1 1 1967 ( 0	B	2. Freduna	M • ]	-SADOWSK	L & SONS, 180	8 EASTERN AVE,
VS	150-REV. 1/1/65		jer/d					



prior

was in regular

death

attendance on the to death.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

approval must be obtained before the remains are embalmed or final disposition is made.

deceased prior to death); and (6) No physician was in regular attendance on the deceased written approval must be obtained before the remains are embalmed or final disposition is made

(except where the physician who pronounced

was D.O.A. at a hospital

certificate must be

		jan.	1	
1	9-	5	120	
	BIRTH NO.		90	

G-5	100		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	67	1180	35 CERTIFICA	TE OF DEATH	Registered No	67 11805
M.E. CASE NO.			CERTITION		D HOUR OF DEATH	
(Type or Print)		Gummer	( MICHAEL	J, GUIMER) 12	7. 1.7	11145
3. PLACE OF DE	ATH IN BALTIMORE, MA		Transis /	4. USUAL RESIDENCE (Where	e deceased lived. If in:	stitution: residence before admission)
			the Approx	A. STATE B. COUN	Baltim	ore A.
FULL NAME (	OF (If not in haspital address or location	ar institutian, ; n)	give street	Maryland		(URAL and give township)
INSTITUTION	Baltimore Ci	ty Hosp	itals	Dundalk	side city titilits, write is	6 3 - () ()
31	4940 Eastern	Avenue			ural, give lacation)	20-00
0/	Baltimore, N	laryland	21224	3503 Logan Vie	W DR.	21222
5. SEX	6. RACE		NEVER MARRIED		AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Male	White		ivorced (specify)	7-28-1892	ast birthday) 75	Months Days Haurs Min.
				11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF
	warking life, even if retired)	Iron	Worker	Baltim	ore . Md.	WHAT COUNTRY?
13. FATHERS NA				14. MOTHER'S MAIDEN NAM		0.041.6
	John Gur	nmer		Anna ?		
16 Was Dassage	Ever in U. S. Armed Far		1 6. SOCIAL	17. INFORMANT		ADDRESS
	n) (If yes, give war ar date		SECURITY NO. A			ADDRESS
Yes	W.W. 1		213-01-0648-	Records:BCH-49	40 Eastern	Avenue 21224
18.	13 XI		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEÁ	SE OR CONDITION DIS	ECTLY	Cn	· · · · · · · · · · · · · · · · · · ·	F. 7	
(This does	nal mean the made of	dvina. e.a	(A) CLAY	our rende	. Taller	e 4 montes
heart failure,	osthenio, etc. It meons	the discose,				
	ANTECEDENT CAUSES	deom.,	(B)			
	OR CONDITIONS, if	any aivina	DUE TO			
rise la 1h	e abave cause (A)		(C)			
UNDERLYIN	G CONDITION last.					
7	11					
E TO THE D	DEATH BUT NOT RELA	TED TO TH				
DISEASE OR	F OPERATION 198 CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES WEDE E	INDINGS CONSIDERED
19A. DATE OF	WAS PER		2.0.000	YES	IN CERTIFYING CAL	ISES OF DEATH?
U 21A. ACCIDE	NT WAS UNDERLYING	21B.	PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimare	City, give exact lacation)
DEATH (notify	UTING CAUSE OF medical examiner)	ham etc.)		ffice bldg., INJURY OCCUR?		
0 21 D. TIME	(Manth) (Day) (Year)	(Haur) 21 E.	INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
OF INJURY	,	Whi	le At Nat Whil			
		Wa				
22. I certify	that (1) (this hospital	) attended t				7= 19 67
that (I) (we	) last sow the deceose	d alive on	12	19.6.7 ond the	ot in(my) (aur) opir	nian death occurred on the dot
		ed obave. (I	) ( <del>We)</del> (did) ( <del>did noi</del> ) v	riew the body ofter death.		
23A. SIGN AT	URE & D.	Vor	3		e	23 B. DATE SIGNED
	1.10	V U /	M.D. Atte	ending Med. Director	Phys.	12.7.17
23C. PHYSICIA				23D. ADDRESS/940 East Baltimore	ern Avenue,	Baltimore, Md.
	J. R.	NOR	RIS M.D.	Baltunore	City HOSP	21224
24A. BURIAL CRE	MATION, 24B, DATE	24C. N	ME of CEMETERY OF CRI	EMATORY 24D. LC	CATION (Cit	ly, tawn, or county) (State)

REMOVAL (Specify)

Burial

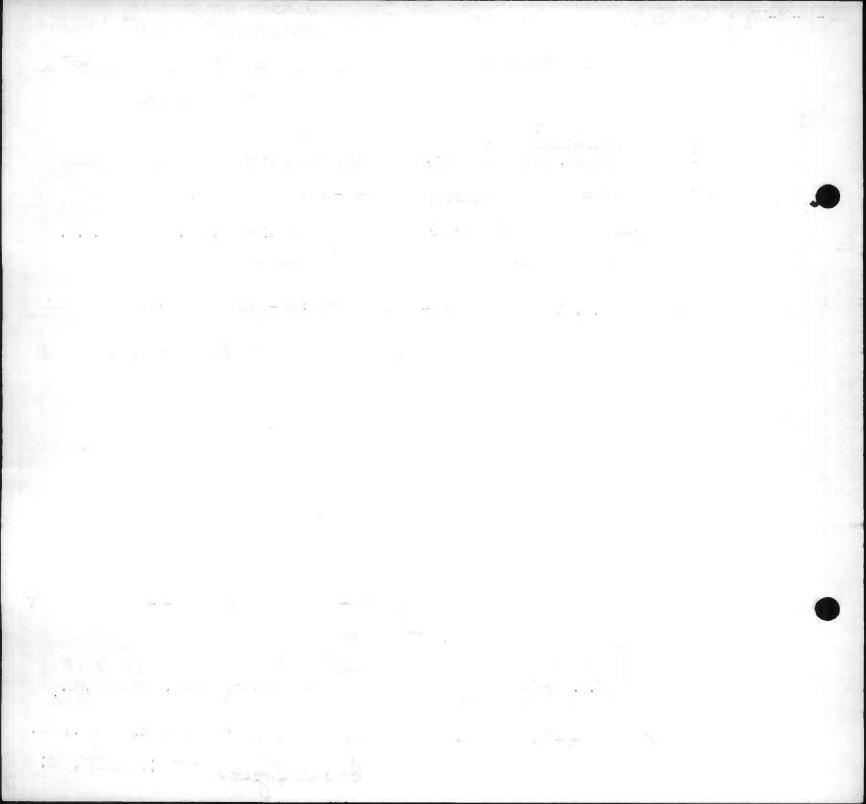
Carmel Cemetery

24D. LOCATION (City, town, or county)
5712 O'Donnell St. Balto.,

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR Conkappaes 21224 901 S. Balto.,

VS 150-REV. 171763



R-263

	67 118	306 BALTIMORE CITY HE	ALTH DEPARTMEN	IT		67	11806
BIRTH NO.	The same of	AL EXAMINER'S			DEATH Register	red No	11000
M.E. CASE NO.					D 27 (111		
Type of Print)				2. DATE AN	ID HOUR PRONOUNCE	ED DEAD	
	OHNNY RICH	ARDSON		Dece	mber 8, 1967		4.50 a
B. PLACE IN BALTIMORE, M	ARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where	mber 8, 1967 deceosed lived. If insti	itution: resider	nce before odmis
ULL NAME OF (IF NO	T IN HOSPITAL C	R INSTITUTION, GIVE STREET	Ma	ryland			
FULL NAME OF (IF NO HOSPITAL OR ADDR NSTITUTION	ESS OR LOCATION	R INSTITUTION, GIVE STREET	C. CITY OR TOV	VN (II outsid	de corporate limits, write	RURAL ond	give township)
13/				ltimore			126
South Balti	more Gene	ral Hospital	D. STREET ADDI				2)
SEX 6. RACE	17.4	D.O.A.		alerno		11/11/1	W 1/ 11 1 01
71.	WIE	AARRIED, NEVER MARRIED OWED, DIVORCED(specify) M	8. DATE OF BIRTI		9. AGE (In years lost birthdoy)	Months, D	Yr. If Under 24 oys Hours M
Male Colo	ive kind of work 10B.	KIND OF BUSINESS OR INDUST	A WH A W	PROC.		12. CITIZEN	OF
one during most of working life,  Janitor		aper Factory	Sumter	9 0		WHAT	COUNTRY?
3. FATHER'S NAME	1	aper ractory	14. MOTHER'S M		IE .	0.5	A
Frank Richa	rdson		Physlli	s Jef	ferson		
5. WAS DECEASED EVER IN	U.S. ARMED FOI	CES? 16. SO CIAL	17. INFORMANT			ADDRESS	
Yes, no or unknown) (If yes, gi	ve wor or dotes of	service) SECURITY NO.	Jenia R	ichan	ison-2528	Solenr	o Place
18.		CAU	SE OF DEATH	TOITET	18011 2020 1		TERVAL BETWE
DISEASES OR CONE RISE TO THE ABOVE UNDERLYING CONE	CAUSE (A) STATIN	GIVING (B)					***************************************
<u>Ó</u>	II	( W /		-			***********
OTHER SIGNIFICANT TO THE DEATH E DISEASE OR CONDITI	CONDITIONS CON						
19A. DATE OF OPERATION		ON FOR WHICH OPERATION	20A. AUTOPSY		20 B. IF YES, WERE FIN IN CERTIFYING CAUS		
21A. EXTERNAL CAUSE UNDERLYING OR CONT UTING CAUSE OF DE	RIB-	21B. PLACE OF INJURY (e.g. home, larm, foctory, street, etc.)	, in or obout 21C. V	HERE DID	(If in Boltimore City, give	ve exoct loco	tion)
21D TIME (Month) OF INJURY (APPROX.)	(Doy) (Yeor) (	WHILE AT NOT WORK AT	WHILE WORK	INI DID WO	URY OCCUR?		
22. L certify that I	held an Inqui			that an 45	is bosis, deoth in m	v aniniar	
		(	7-1			-	
ACTUAL SIGNATURE	Lend?	1:1:		EDICAL E	XAMINER [	er	DATE SIGNE
EXAMINER'S			ASSOCIATE M		XAMINER		
NAME (Type)	Edward H	Wilson, M.D.					8, 1967
ACTUAL SIGNATURE EXAMINER'S	Notural couses  Edward F	Hils M.	D. ASSISTANT MI ASSOCIATE M	EDICAL E	XAMINER X XAMINER De		8, 19

REMOVAL (Specify)

Baltimore City

ADDRESS

Burial I2-I2-67 Mount Auburn

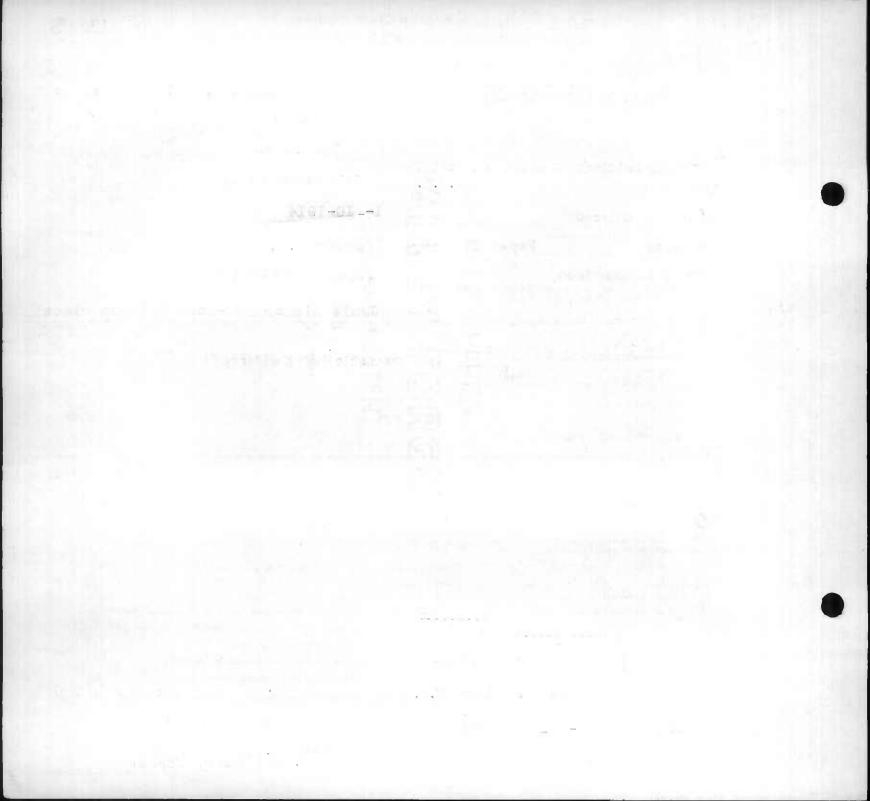
24A. DATE REC'D BY HEALTH DEPT.

22E NAME OF REGISTRAR

DEC 11 1967 Colub & Fallows

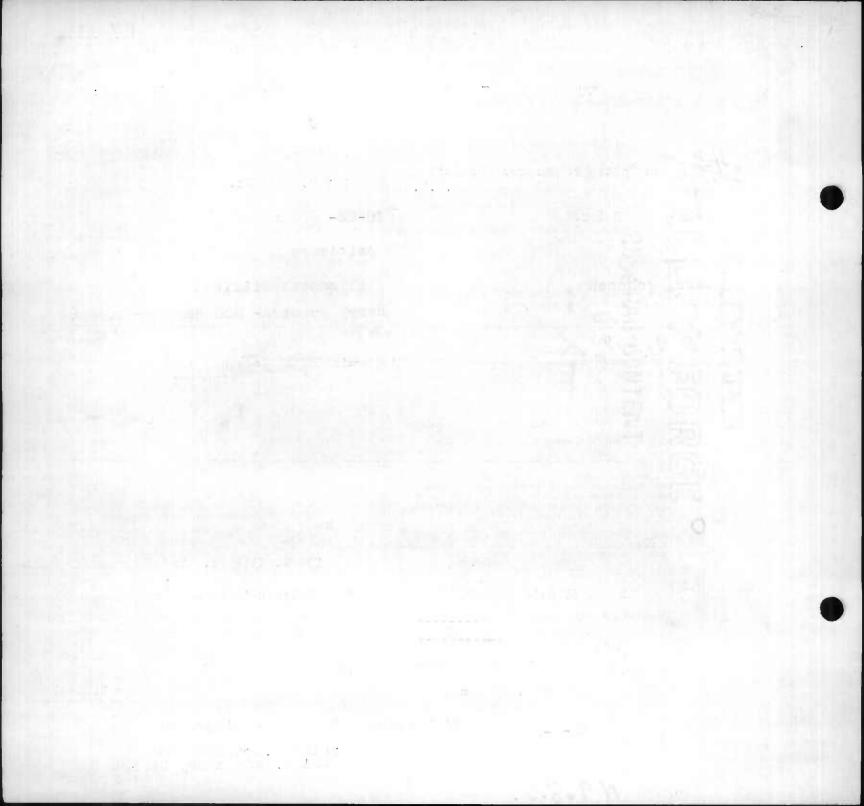
108 W. Montgomery Street

VS 151-REV. 1/1/65

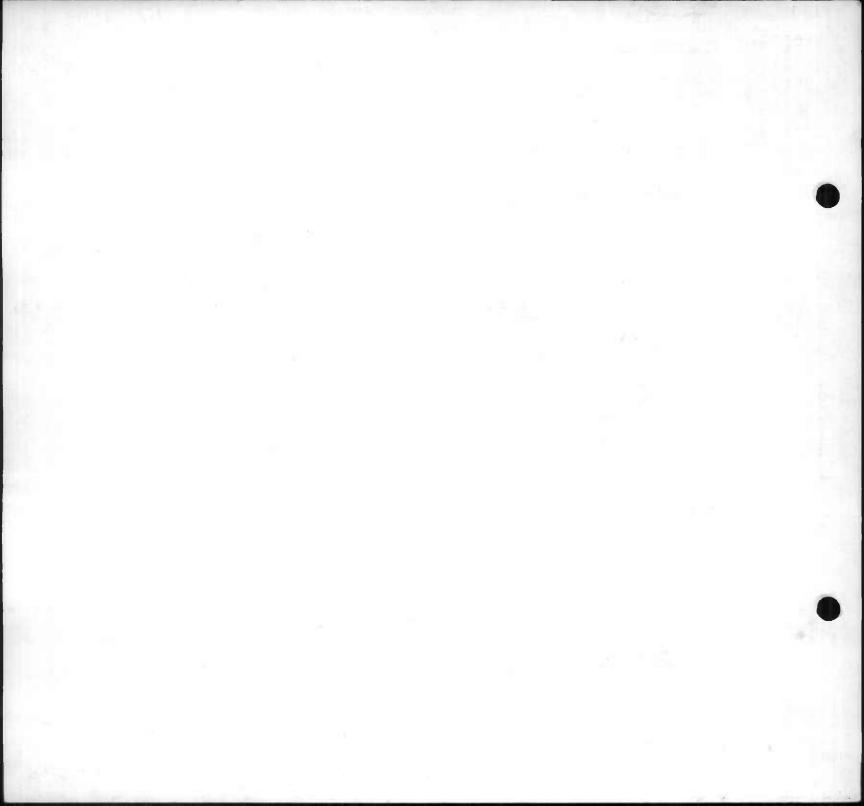


## 67 11807 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11807

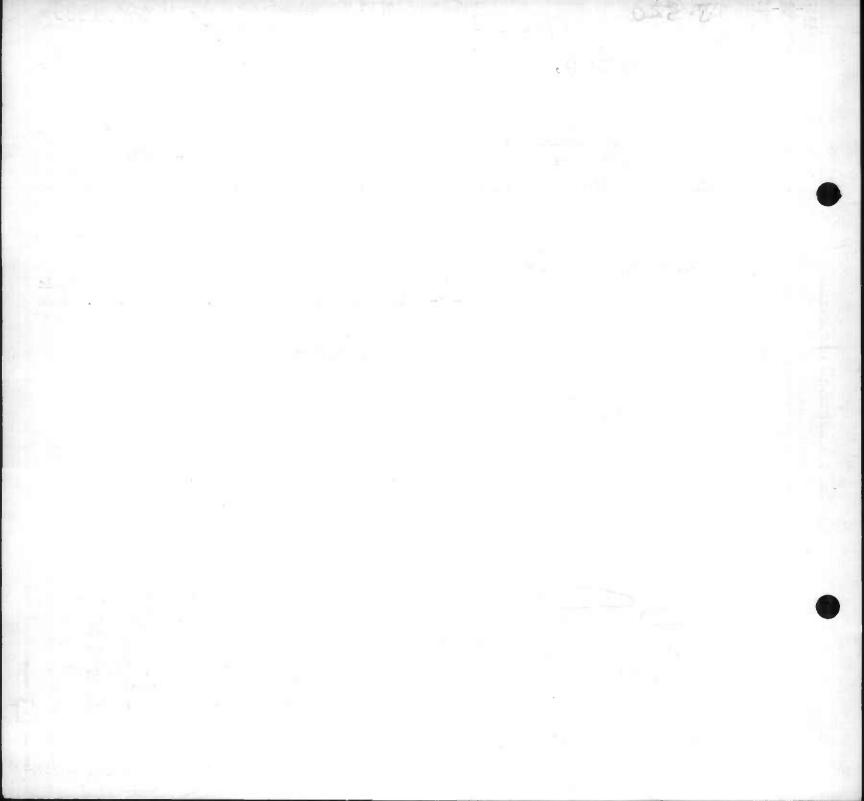
_	E. CASE NO.								
l. (Ťy	NAME OF DEC pe or Print)	EASED				2. DATE AND HOUR PROM	OUNCED DEAD		
·		CAROLINE J				December 1,		5:30 p M.	
3. 1	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESID	ENCE (Where deceased lived	. If institution: res B. COUNTY	sidence before odmission)	
HC	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	TION, GIVE STREET	Mary	71and WN (If outside corporate limi		and give township)	
4	31				Baltin		do	-0 k	
1	South	Baltimore G	eneral H	ospital	D. STREET ADD	RESS (If rural, give location)			
6	1/2			D.O.A.		7. Hill St.			
5. 5	EX	6. RACE		NEVER MARRIED NVORCED(specify)	B. DATE OF BIRT	H 9. AGE (In	yeors If Und	er 1 Yr. If Under 24 Hrs. Days Hours, Min.	
	Female	Colored			IO-23-	1954 13			
			k TOB. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE	(State or foreign country)	12. CITI	ZEN OF	
	FATHER'S NAM	vorking life, even if retired)			Baltimo		WH	AT COUNTRY?	
	-								
15	larry J	Ohnson D EVER IN U.S. ARMEI	D FORCES?	16. SO CIAL	Elizab 17. INFORMANT	eth Williams	ADDRE:		
		(If yes, give wor or dot		SECURITY NO					
					narry Jo	hnson- 530 H	lanover	Street	
	18.	1 0.		CAUSE	OF DEATH			INTERVAL BETWEEN	
	DISEAS	SE OR CONDITION D	IDECTIV					ONSET AND DEATH	
	DISEAS	LEADING TO DEAT		A	sphyxia du	ie to Carbon Mo	noxide		
	(This does n	not mean the mode of	dying, e.g.,	DUE TO		Poison			
	(This does not meon the mode of dying, e.g., DUE TO  Poisoning  injury or complication which caused death.)								
	ANTECEMENT CAUSES								
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO								
	RISE TO THE ABOVE CAUSE (A) STATING THE								
7	UNDERLYING CONDITION LAST.								
ō		- 11							
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	19A. DATE OF	OPERATION 198. COI	NDITION FOR V	VHICH OPERATION	20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
MEDICAL	21 A. EXTERNAL	CAUSE WAS	21 B. F	LACE OF INJURY (e.g.,	in or obout 21C. V	WHERE DID (If in Boltimore	City, give exoct	location)	
200	UTING CAU	SE OF DEATH.	etc.)	form, foctory, street,	office bldg., INJUR	OCCUR?		5	
ZE	OLD TIME	(A4 d1) (D ) (W		IOME E. INJURY OCCURRED		09 W. Hill St.	2nd flo	or	
	OF INJURY	(Month) (Doy) (Yes				OM DID INJURI OCCOR!			
	(APPROX.)	12 1 67 4	1:50 pm. W	ORK NOT	WHILE X	Subject in hous	se fire		
	22.	rify that I held an	Inquiry 🗌	Inspection X Au	topsy an	d that an this basis, dea	th in my anini	n n	
			-			P-7			
	resul	ted from: Natural co	user A	ccidentXSuicid			l monner 🔛		
	CHIEF MEDICAL EXAMINER DATE SIGNED								
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER								
	EXAMIN	ED'S				EDICAL EXAMINER			
	NAME (	L'OTTOM	d F. Wil	.som,			Decembe	er 2, 1967	
	BURIAL CRE		230	NAME of CEMETERY	or CREMATORY	23D. LOCATION	(City, town, or	county) (Stote)	
	MOVAL (Specify		3 10	Mount Aub	urn Ct	Baltimor	e City		
24	urial	I2-7						ADDRESS	
24.	A. DATE REC'D	4 4 1007		OF REGISTRAR	Isai	an L. Brownan	d Son	ADDRESS	
		DEC 11 1967	Of Deep &	Fe, FarbeyMa	IO	8 W. Montgome	ry Stre	et	
Ve	151-REV. 1/1/	N. B. A.	120-0-0				- 0 - 0 - 0		
4.3	131-KE V. 1/1/	N 968	.0						



		02 4400	BALTIMORE CITY	HEALTH DEPARTMENT	67	11808
	100	н но. 67 1180	CERTIFICA	TE OF DEATH	Registered Na.	11000
	1, N.	AME OF DECEASED		2, DATE AN	D HOUR OF DEATH	201
		e or Print) EAR/ James H	AMIM	(SUM) 10	Dec '67	2 AM.
	AL	SO KHOWN AS! - JAMES - EAR	L-HAMLIN	4. USUAL RESIDENCE (When	e deceosed lived. If institution	on: residence befare odmission)
	F	ULL NAME OF (If not in haspital ar institution, oddress or location)	give street	C. CITY OR TOWN HI out	T. 0114	とうって
	11	NSTITUTION UNI WERSITY 140	SPITAL	C. CITY OR TOWN (If out	side city limits, write RURAL	2/230
	-	38 DAS GREEN	St	D. STREET ADDRESS (III	rurol, give locotjon)	7
9				29 EasT	Mandall S	1.
made.	5. S	M24 White Widows	DOW ()		9. AGE (In years If U	Inder 1 Yr. If Under 24 Hrs. Hours Min.
n is		USUAL OCCUPATION (Give kind of work 10 B, KIND O		11. BIRTHPLACE (Stote or forei	gn country) 12.	CITIZEN OF WHAT COUNTRY?
9	0	ab driver Cab	CHIVETE	MARYIAND	BO HIMORE	USA
disposition	13. [	John Thomas H	coul m	TRIPD	A PHORBEFLL	CHTRIRA
_	15. V (Yes	Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT	MIAH SHORT	ADDRESS .
tinai		no - 2/5-	-10-0665	Med Record	1. 132 W-FO	ATAUR- 2/230
00		1B	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
9		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	D	10113610-110		
E Dalm		(This does not mean the mode of dying, e.g. heart foilure, asthenia, etc. It means the disease		reumonia		10 odly
		injury or complication which coused death.)	A	alic Value R	20/2001	
6 6 3		ANTECEDENT CAUSES	DUE TO CO	r Aortic In	Pus Cicionell	***************************************
D		DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	(C) (	7 01	2 mbb lose with	
remains		UNDERLYING CONDITION Iosi,	al	re to Rheum	alicharl use	ase,
E	N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				
9 6	ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	700-61			
before the	RTFIC,	30 WOV 67	- 00	20 A. AUTOPSY? (Yes or No	10 CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
ore		21 A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e.g.,	or obout 21C/WHERE DID	(If in Baltimore City,	give exact location)
pet	CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	me, form, foctory, street, of :_)	fice bidg., INJURY OCCUR?		
	ED	21D. TIME (Month) (Doy) (Yeor) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
otained	2	(A PROCY)	hile At Not Whill At Work			
opt		22. I certify that (1) (this hospital) attended	the deceased from	11-26	967 10 10	Dec 1967.
pe		that (l) (we) last sow the deceosed olive on			ot in(my) (our) apinion	death accurred on the date
must	1 1	and haur and fram the causes stated abave	(1) (We) (did) (did nat) v	iew the body after death.	1028	DATE SIGNED
		(2) 1/1/1 (in a)	M.D. Atte	ending Med.	Stoff /	1 Dec 45
0 ^		23C. PHYSICIAN'S NAME (Type)	My Phy	s. Director 23D. ADDRESS	Phy s.	yec 67
approval		C.M. Anderson	M.D.	Univ. Hosp		
	24A		AME OF CEMETERY OF CRE		CATION (City, tow	vn. or county) 2 2 (State)
ten	19	URIAL Dec,13-1967	RHAR MILL			
Written	25A	- A - B - C - de	OF REGISTRAR	DSC. FUNERAL DIRECTOR	CURTIS E. EV	ANSADDRESS
\$	Vs	DEC 11 1967 Res & E. J	Constant Co	rarions	1400> CABBI	kes 8/8/230



		CERTIFICA	TE OF DEATH	Registered No		
Lipp	PRESTON. TA	2 Miles	07	HOUR OF DEAT	1960 1220 4	
F	ULL NAME OF (If not in hospital or instituli	A. STATE  MARYLAND  B. COUNT  MARYLAND  BA	deceosed lived. If Y LT IMORE	institution: residence before admissi		
"	BALTIMORE CITY H		D. STREET ADDRESS (If r	urol, give location)	53-00	
	3/ Baltimore, Maryl		1202 REISTERTOWN ROAD - 21208			
	MALE NEGRO WIDO	HED, NEVER MARRIED WED, DIVORCED (specify)	12/4/98	ost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min	
	. USUAL OCCUPATION (Give kind of work 10 B. KINE aduring mast at working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	en country)	12. CITIZEN OF WHAT COUNTRY?	
13. [	FATHERS NAME CHARLES PREST	ON	14. MOTHERS MAIDEN NAM	-	T	
15. \ (Yes	Was Deceased Ever in U. S. Armed Forces? ,,no or unknown) (If yes, give wor or dotes of servi	217-01-2411A	17. INFORMANTRECORDS 4940 Eastern A	: Baltimo	ore City Mespitals timore, Md. 21224	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes nat mean the made al dying, hearl failure, asthenia, etc. It means the dise injury ar camplication which caused death.)		PNEUMON MS		INTERVAL BETWEEN ONSET AND DEATH	
TION	DISEASES OR CONDITIONS, if any, given is to the above cause (A) staling UNDERLYING CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTORY THE DEATH BUT NOT RELATED TO	the (C)	+ ASCVI			
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?	
U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, lorm, loctory, street, or etc.)	n or obout 21C. WHERE DID thice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)	
	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?		
MEDI	OF INJURY (APPROX.)	While At Work Not While At Work	е			
ME	OF INJURY (APPROX.)  22. I certify that (1) (this haspital) attended that (1) (we) ast saw the deceased alive	work At Work  ed the deceased from 16  an 9 December	JUNE 1 R 19 67 and the	9 6 7 ta 9 t (n(my) (aur) a		
ME	OF INJURY (APPROX.)  22. I certify that (1) (this haspital) attended that (1) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE	work At Work  and the deceased from 6  an 9 DECEMBE  an (1) (We) (did) (did nat) v  M.D. Attention	JUNE 1  R 19 6 7 and the riew the bady after death.  Pending Med. Director 23D. ADDRESS BALTIMOR	Stoff E CITY HOS	DECEMBER 19 6 pinion death occurred on the occ	



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

<	5-530	BALTIMORE CITY	Y HEALTH DEPARTMENT		C7 440'0
BIRT	н но. 67 118	CERTIFICA	TE OF DEATH	Registered Na.	67 11810
1, N	AME, OF DECEASED	4 SMITH		AND HOUR OF DEATH	245
3.	LACE OF DEATH IN BALTIMORE MARYLAND	9 3/11/17	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived, If in	nstitution: residence beare odmission.
	ULL NAME OF (If not in hospital or institu	tion, give street	3. 312,12		
	HOSPITAL OR oddress or location) NSTITUTION		C. CLEY OR TOWN (IF	outside city limits, write	RURAL ond give Towarship)
3	Johns Hepkins He	(S)	DISTREET ADDRESS	(If rurol, give location)	0-01
-	John 10 gares 14		2.426	& Bester	1 St
. 5	WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (tn years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
0A lon	USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BUTHPLACE (Stole or F	oreign country)	12. CITIZEN OF WHAT COUNTRY?
(	OOK-DOMESTIC		Mol		u.s.a.
3.	FATHER'S NAME	1	14. MOTHER'S MAIDEN	1	
	DELEWARE ROSI		SYLVIA	PRESTO	N
	Was Deceased Ever in U. S. Armed Forces?	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	-T : #:00:	ADDRESS
_	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	213-16-34-05		11 H 4000 W	
	DISEASE OF CONDITION DIRECTLY	CAUSE	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) (O)	dice ans & t	-	
	(This daes not meon the made of dying, heart failure, osthenio, etc. It means the disc				
	injury or complication which caused death.)	170			
	ANTECEDENT CAUSES	DUE TO	280 0 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	DISEASES OR CONDITIONS, if ony, gi				
	UNDERLYING CONDITION lost.				
AHON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE POUNTS MA	lastate male	succes	10
ERTIFICA		FOR WHICH OPERATION	20A. AUTOPSY? (Yes	/	FINDINGS CONSIDERED
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	ffice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)
5	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
3	(APPROX)	While At Work Not Whi	le _		
	22. I certify that (I) (this hospital) attend			1967 to	12/8 1967
	that ( <u>I) (we)</u> last saw the deceased alive	on 1218	19 (and	that in (my) (aur) api	inlan death accurred on the dat
	and haur and fram the causes stated above		,	-	
	23A. SIGNATURE	1			23 B. DATE SIGNED
	Horam K Men	M.D. Att	ending Med. rs. Director	Stoff Phy	12/8/67
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		210/2)
4.4	PUBLAL CREATION OF DATE	M.D.			
4 A	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CR		LOCATION	ity, town, or county) (Stote)
5.4	BUKIAL 12-13-61	MI AUBUL	25C FILNERAL DIRECT	SALIIMO	RE Ma,
PA	DEC 1 1 1987 (2 0 6	E tabey MA	JOSEPH 1	WIG-H1 16.3	RE MA,  ADDRESS  N. BROADWAY
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cert	body	VS: (	D.0	dse	ten	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceasec	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suct	written approval must be obtained before the remains are embalmed or final disposition is made.	
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L	-532	in the same of the		BALTIMORE CITY				67 11014
1	TH NO.	67	11811	CERTIFICA	TE OF D	EATH	Registered No.	67 11811
2 6	E CASE NO,	ACED				2 DATE AN	D HOUR OF DEATH	
	pe ar Print) 52	4		DSAY (Ernest			2-6-67	9:35 PM.
3.	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		A. STATE	B. COUN	e deceosed tived. If TY	institution: residence before admission)
	FULL NAME O	F (If not in hospital oddress or location	or institution, g	rive street	MO		ACTIMINA	C. Miller
	NSTITUTION	oddress of locoffor	"		and the same			RURAL ond give lownship)
	29	University H	osoftal		D, STREET AD	DRESS (IF	rurol, give locotian)	1000
	90		o ppr our		2331	Eu	TAW PL	ACR
5. 9	SEX	6. RACE		NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIE		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	M	N	MA	PRIED	10-15	-17 90	lost birthdoy)	Monms Doys Hours Min,
		PATION (Give kind of work vorking lite, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Track		Railro	ad	Anderso	n, N. C.		U.S.A.
13.	FATHER'S NAM				14. MOTHER'S		iza Hooker	
	Preston	Lindsey			-	E.L.	ra nooker	
15. (Ye	Was Deceased s, no or unknown)	Ever in U. S. Armed Fare (If yes, give wor ar dote	ces? s af service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN			ADDRESS
	No				MAR	Y Lon	UDSEY	
	1B,	4- X-1		CAUSE O	F DEATH			INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DIR LEADING TO DEATH	ECTLY	000	BARLE		-0-4	and a service
	(This does not mean the made of dying, e.g., DUE TO			BABUR	>	1 401015	) days.	
	hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death,)							
	Α.	NTECEDENT CAUSES		(B)			## ### ### ### ### ## 0 0 0 0 0 0 0 0 0	
		R CONDITIONS, if		00110				
		abave cause (A) CONDITION last.	slating the	(C)	****************		************	
		- 11		-				
ATION	OTHER SIGNII	CANT CONDITIONS C	ONTRIBUTING	PELERIUM	m t	PRMCA	vs	
		CONDITION CAUSING I	T.	HICH OPERATION				FINDINGS CONSIDERED
ERTIFIC	<i>***</i>	WAS PER		THE OF ERATION	20101	31: (103 01 110		AUSES OF DEATH?
CES	21-A. ACCIDEN	T WAS UNDERLYING TING CAUSE OF		PLACE OF INJURY (e.g., i			(If in Baltima	re City, give exact location)
CAL		medical exominer)	etc.)	e, form, factory, street, o	mice blag., INJU	IT OCCUR?		
MEDIC	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. H	OW DID INJ	URY OCCUR?	
S	(APPROX.)		Whil	le At Nat While At Work				
	22. I certify	that (1) (this hospital	) attended th	e deceased from	( 4 -	. \ _ 1	967 to	12 - 6 - 1962 ,
	6 13	-					(B)	inion death occurred an the date
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
	23A. SIGNATURE						_	23 B. DATE SIGNED
	M.D. Attending Med. Staff Phys. Phys.							12-(-1)
	PHYSICIAL NAME (T)		51861	A /	23D. ADDRESS	0 5 = 1	60 MAA.	cy cano
	MIC	HATC K.			VNIVRI			
244	REMOVAL (S	pecify)		ME of CEMETERY of CR		24D. LC	OCATION (C	City, town, or caunty) (State)
0.0	Burial	12-11-6		butus Memoria	and the same of th		timore, Man	
254	DEC 1	1 1967 Rober	25B. NAME O	. F3		AL DIRECTOR	4-5	ADDRESS
Ve	150-REV. 1/1/6		0 0, 40	or o	Charl	es R. L	aw 802 Mad	dison Ave.
. 4		-						

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

A	1-200	BALTIMORE CITY	HEALTH DEPARTMENT		67 11812
	H NO. 67 1	1812 CERTIFICA	TE OF DEATH	Registered Na.	CI. IIOIC
1. N	AME OF DECEASED		2. DATE AND	HOUR OF DEATH	1
(Typ	Pe or Print) NAGY . NICHO	LA-5	DECE	MBEK G	1867 6:35 P. M.
3. P	LACE OF DEATH IN SALTIMORE, MARYLA	ND		deceased lived. If	institution: residence before admission)
				1	
F	FULL NAME OF (If not in hospital or ins HOSPITAL OR address or location)	ititutian, give street	C. CITY OR TOWN (If outs	ide city limits write	RURAL and a hwashin
'	nstitution THE UNCON MEMORIAL I	LOSPITAL	BALTIMORE	21218	RURAL and gire ownship)
	LATE OPTON WEMPELVE			urol, give location	10/
	44	12-17-1890	2734 REES		/
5. S	V	MARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
	USUAL OCCUPATION (Give kind of wark 10B.		,	7-0-	12. CITIZEN OF
	e during most of working life, even if retired)		BUDAPEST.	MNNXX Hung	WHAT COUNTRY?
	FATHER'S NAME		14. MOTHERS MAIDEN NAM		USA
	· Unknown		Unknown		
15.	Was Deceased Ever in U. S. Armed Farces? s,no or unknawn) (If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	060-07-4287	Staven Nuga	3201 h	BALTIMON MY?
-	18.	CAUSE OF	DEATH	,	INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTI	LY Mai	Val Malruck	Lai	ONSET AND DEATH
	LEADING TO DEATH	(A) CAS	TEC CONCLINA	1000	1 year
	(This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused deat	ng, e.g., DUE TO diseose,	odeval ulc	er	······································
	ANTECEDENT CAUSES	(B)			
		DUE TO MA	1 Kest Dul more	e uplys	cuca -
	DISEASES OR CONDITIONS, if any, rise to the obove cause (A) state		0	) /	
	UNDERLYING CONDITION lost.				UCCI
	11				3
ATION	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED	RIBUTING			
	DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes at Na)	208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
S	21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Baltima	ore City, give exact locotion)
AL	OR CONTRIBUTING CAUSE OF DEATH (natify medical exominer)	home, form, foctory, street, off	hice bldg., INJURY OCCUR?		
250	21D. TIME (Month) (Doyl (Yeor) (Ho	our) 21E INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	-
ME	OF INJURY	While At Not While			4.3
	(APPROXI	Work At Work			
	22. I certify that (4) (this haspital) att			967 10 L	lec. 6 1967,
	that (4) (we) last saw the deceased al	ive an Dec 6	19 6 7 and the	ıt in (n <del>ay</del> ) (aur) aş	pinian death accurred on the date
	and haur and fram the causes stated a	ıbave. 🕏 (We) (did) (d <del>id 1101</del> ) v	iew the bady after death.		
	23A. SIGNATURE				23 B. DATE SIGNED
	Casas & Cla	M.D. Atte	nding Med. Director	Staff Phy s.	12-6-67
	23C. PHYSICIAN'S		23D. ADDRESS		17
	NAME (Type)	MADA CO M.D.	THE MINNOR ME	MODA AL AU	TORITAL - n.
244	A. BURIAL CREMATION, 248, DATE	24C. NAME OF CEMETERY OF CRE			OSPOSALTAL City, town, ar county) (Stote)
27/	REMOVAL (Specify)			1	-ing is with all country to to the
	Burial 12-11-196	-		wson, Md.	
25/	# "	E Falley MA	Wm. Cook-Brook	cs, Inc. 1	217 St. Paul St.
VS	150-REV. 1/1/65	-, 424-4	1	ра	alto., Md. 21202

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1	7 = 10 CM 41019	HEALTH DEPARTMENT 67. 11813			
7605	BIATH NO. 67 11813 CERTIFICA	TE OF DEATH Registered No.			
oital and of death Deceased e on the ith. Such	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH			
de de cea	(Type or Print) LARKIN H. PARKS	DEC. B. 1967 7.45 P.	м.		
hospital ise of (5) Dece ance or death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution, residence belore admission as TATE  B. COUNTY	on)		
SS (S)	FULL NAME OF (If not in hospital or institution, give street	BALT MARYLAND			
	HOSPITAL OR oddress or locotion)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
ca c	MERCY HOSP WAL	BALTIMORE //-			
ed in a ting caud cause; r attend prior to e.	37	D. STREET ADDRESS (If rurol, give location)			
0	<i></i>	966 ST. PAUL ST			
death occurred in or contributing Undetermined ca as in regular at e deceased priorsition is made.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 H Months Doys Hours Min.	trs.		
contribution contribution regulation contribution contrib	M W SINGLE	8-25-88 79			
co dete in r	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working lile, even if retired)	WHAT COUNTRY?			
or nde de de tio	PAYROU CLERK Hotel Industry	BAUTIMORE U.S.A.			
A Case	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
direct or direct or 1; (4) Und th was i on the d dispositi	LTE PARKS	SOPHIA PARKS			
B	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	9		
the d the d kind; deatl nce or		_			
~ ~ ~ ~ ·		OF DEATH INTERVAL SETWEEN	100		
his of an or ance	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH			
Also, re of a nounce attended of the desired of the	LEADING TO DEATH  (This does not mean the mode of dying, e.g., DUF TO	UREMIA			
er. ctur pron	healt foilule, asthenia, etc. 11 means the disease,				
miner. fractulo progular embal	injuly at complication which coused death.)	REWAL SKUTDOWN			
examine examine 3) A frac n who p n regulo	ANTECEDENT CAUSES (8)		******		
×anx ×anx wh wh	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C)				
1 0 1 1 1	UNDERLYING CONDITION last.		1011000		
	7				
medic bern bysi n we reme	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
T - 0 - V	DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
Chie Bod Bod the ysic e th	19A. DATE OF OPERATION WAS PERFORMED  10-31, 10-7 WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING  121B. PLACE OF INJURY (e.g., i	THURON NO IN CERTIFYING CAUSES OF DEATH?			
he (2)	OP CONTRIBUTING CALLES OF	in or about 21 C. WHERE DID (tf in Baltimore City, give exact location)			
y the ital by e; (2) vhere No ph	DEATH (notify medical examiner)				
D C 5 D	OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
hos nature d (6	While At Not While At Work At Work				
proved the hos ny natu except and (6	22. I certify that (I) (this hospital) attended the deceased from	10 T 18 19 67 10 DEZ. 8 19 67	7		
00000	that (1) (we) lost sow the deceased alive on	8 19.67 and that in (my) (our) opinion death occurred on the d	dote		
0 8 5 7	ond hour and from the couses stated above. (1) (We) (did.) (did not)	view the body ofter deoth.			
st be sent spit deat	23A. SIGNATURE	23B, DATE SIGNED			
ccides to do	Samuel G. Jours M.D. Att.	ending Med. Stoff Phys. 12-8-67			
0 - 0 - >		23D. ADDRESS	_		
was re was re A. at a prior	SAUUT A. TOREK M.D.	MFRY HOSPITAL			
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (State	2)		
This certif the body shows: (1) was D.O deceased	Removal 12-9-1967				
the bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	7		
This the show was dece	DEC 11 1967 Ochob E. Jankyma	WM. COOK-Brooks, Inc. 1217 St. Balto Md. 2190	12		
	VS 150-REV. 1/1/65				

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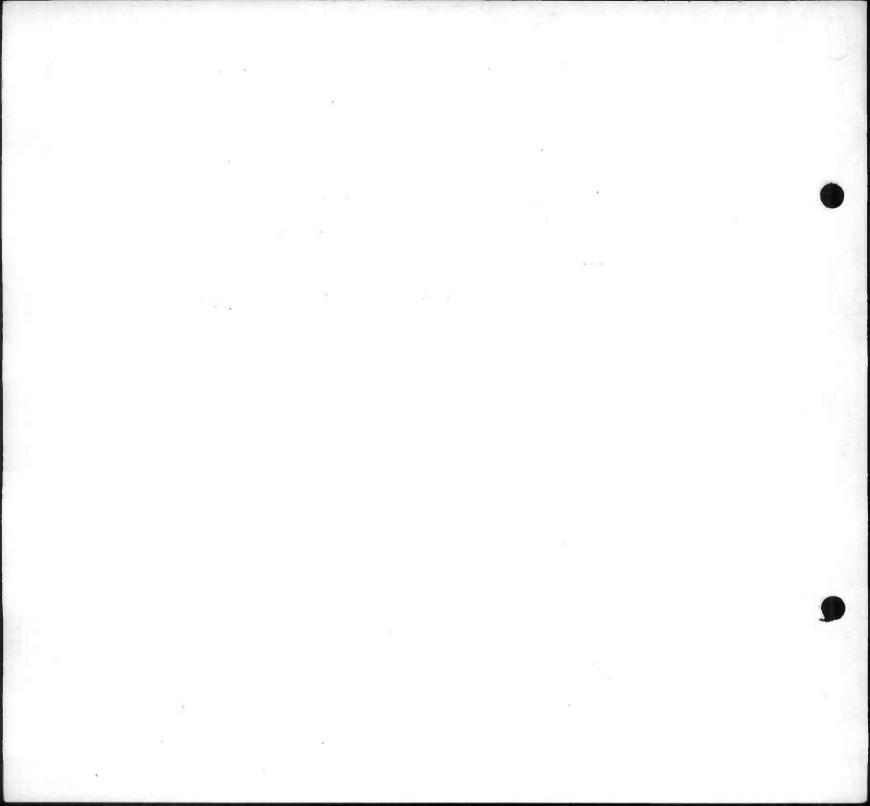
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THE TON IN SERVE STREET X DESIGNATION IN

P	67 11814	BALTIMORE CITY	HEALTH DEPARTMENT		ST 44044
	DIKITI NO.	CERTIFICA	TE OF DEATH	Registered Na.	67 11814
	M.E. CASE NO.  1. NAME OF DECEASED		DATE AN	D HOUR OF DEATH	
	(Type or Print) BESSIE M.	WILSO	N	EC. 2,196	07 1 7:20 AM
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceosed live. If insti	itution: residence before odmission)
	FULL NAME OF (If not in hospital or institution, give	street	MD.	y	13 11
	INSTITUTION 3403 COPLE	Y RD.	1000 A	tside city limits, write RU NORE	IRAL ond give township)
	()()	/ / / /		rurol, give location)	
	BALTIMORE,	MD.	3403 C	OPLEY	RD.
	5. SEX 6. RACE NEGRO 7. MADRIED, NEV WIDOWED, DI	VORCED (specify)	B. DATE OF WIRTH	9. AGE (In yedrs lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY	11 BIRTHILACE State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
and should be a	MANICURIST		Carrol Count	y mde	USA
	13. FATHER'S NAME	2 1	14. MOTHER'S MAIDEN NA		1/2
		SOCIAL	17. INFORMANT	- Am	ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO. 13-34-709	3 Siste	T (Jessie)	ackson) sam
	18. 4 4 2 X I	CAUSE OF	DEATH	0 0	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	U	10 mild		1 month
	(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease,	DUE TO		e	
	injury ar camplication which coused deoth.)	nal	al aclos		unb
)	ANTECEDENT CAUSES	DUE TO			
3	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	(c) A	teriosclero	tic card	4-
2	UNDERLYING CONDITION last.		vascula	a disers	a unknown
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	$\sim$	ane		(many year
	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	CH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FII	NDINGS CONSIDERED SES OF DEATH?
	O 21 A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., in	or about 21C. WHERE DID	(If in Boltimore	City, give exact location)
	OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examiner)	orm, foctory, street, of	fice bldg., INJURY OCCUR?		
	W OF INTURY	URY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	,
3	OF INJURY (APPROX.) While A	Not While			2
5	22. I certify that (I) (this hospital) attended the d	eceased fram All	momen D+	1966 to	Tresent 19
	that (I) (we) last saw the deceased alive an		,	at in(my) ( <del>our)</del> apini	an death accurred an the date
	and haur and fram the causes stated abave. (1) (#	<del>c)</del> (did) ( <del>did not</del> ) v	iew the bady after death.	r.	DATE COMES
TSDE	23A. SIGNATURE	M.D. Atte	nding Med.	Stoff	238, DATE SIGNED
0	23C. PHYSICIAN'S	Phys	Director Director	Phys.	12/2/6/
0	NAME (Type) D. W. STEWA	ART M.D.	3414 NI	1 M	e (21216)
3	24A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY OF CRE	MATORY 24D. L	OCATION (City,	town, or county) (Stole)
written approval	Burual 12-5-67 Fai	T. View (	Em El Ery		elle ma
	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF R	EGISTRAR	250 FUNERAL DIRECTOR	COLUMN COLUMN	TADDRESSY CL
	DEC 11 196/ Oblight &	, Tower, The	nayner sa	nauro 217	6. 1 restox Or
	VS 150-REV. 1/1/65				

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BIRTH NO.	67 1181	.5	CERTIFICA			Registered No.	01 11019	
M.E. CASE NO.					2. DATE A	ND HOUR OF DEATH	1	
Type or Print)	Roy Mac	k John	son		D	ec. 7. 1967	6:00 P.	
. PLACE OF D	LACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL RESI	DENCE (Who	ere deceased lived. If	institution: residence before admission	
FULL NAME		or institution, g	ive street	A. STATE Md.			28-04	
HOSPITAL OF	R oddress or (ocotion	13				utside city (imits, write	RURAL ond give township)	
A	07 01 0			Bulti		f autol give legation		
001	31 Stamford Rd	•		D. STREET ADDRESS (If rurol, give locotion) 731 Stamford Rd.				
. SEX	Cauc.	Marr	NEVER MARRIED, DIVORCED (specify)	6/25/	99	9. AGE (In years lost birthday)	(f Under 1 Yr, If Under 24 H Months Doys Hours Min	
	CUPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	E (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?	
	ot working lite, even if retired)			Vi	rginia		USA	
Retire		1		14. MOTHER'S	_			
					da Mee			
	Robert				110 G	27.00		
5. Was Deceas	ed Ever in U. S. Armed Fore	ces?	1 6. SOCIAL	17. INFORMAN	ROV HO	hnson	ADDRESS	
, or orikilo	s,no or unknown) (If yes, give wor or dotes of service)		215-22-7807	Mrs. Roy Mohnson 731 Stamford Rd 2122		29		
1B. // /	1 policy set 1		CAUSE O	_	ACTUT OT	a rue - ala	INTERVAL BETWEEN	
11-	7 5 7	COTIV	071000			1110	ONSET AND DEATH	
DIZE	ASE OR CONDITION DIR LEADING TO DEATH	ECILY	KL	No Ven	T OL	A Vereneles	de	
(This does		dying, e.g.,	DUE TO	y perform	·	17.0000000		
heart foilure, osthenio, etc. It means the disease,						e		
injury of c	injury or complication which coused death.)				1 1	1 0		
	ANTECEDENT CAUSES  (8)  DUE TO			on en lest	Mike	uschrose		
	DISEASES OR CONDITIONS, if ony, giving							
	rise to the obove couse (A) stoting the (C)UNDERLYING CONDITION lost.							
ONDERCH								
P TO THE	II BN (F(CANT CONDITIONS C DEATH BUT NOT RELA	TED TO TH						
O ISEASE	OF OPERATION THE CON		VHICH OPERATION	20A. AUTOP	SY? (Yes or h	No. 208. IF YES. WER	E FINDINGS CONSIDERED	
E CO	WAS PERI	FORMED		-	n d	IN CERTIFYING C	AUSES OF DEATH?	
U 21A ACCU	DENT WAS UNDERLYING	210	PLACE OF INJURY (e.g., in	n or obout 21 C V	WHERE DID	(If in Bottim	ore City, give exact location)	
OR CONTR	IBUTING CAUSE OF	hom etc.)	e, form, foctory, street, of	fice bldg., INJUR	RY OCCUR?	(1) 111 0011111	ote only, give exact localion	
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. H	IOW DID IN	IJURY OCCUR?		
OF INJURY			(e At Not White	e				
(APPROX)		Wo	k		0/	1-,		
22. I certify that (I) (this hospital) attended the deceased fram OC 11 19 6/10 19 6/10								
that (1) (we) last sow the deceosed alive on Dec 7/ 196 and that in (my) (own) opinion death accurred on the da								
	and haur and fram the cause's stated above. (1) (We) (did) (did not) view the body after death.							
		/ (	The body	oner dealli	•	23B, DATE SIGNED		
ZOO. SIGNA				ending 🔽	Med.	Stoff	12-8-6	
	Harry	XXX	Phy	s. X	Director	Phys.	1206	
23C. PHYSIC	(Type)	nipp	// / M.D.	23D. ADDRESS	16 Edm	ondson Ave.	Bolt 59 2.	
4A. BURIAL C	REMATION, 24B. DATE	* *	AME of CEMETERY OF CR				(City, town, or county) / (Stot	
Bur		67 Ba	ltimore Natio	nal Cem.		Baltimore, N	Md.	
	D'D BY HEALTH DEPT.			25C, FUNER	RAL DIRECTO	O R	ADDRESS	
to to merita the	DEC 11 1967	Robert	of REGISTRAR Deughal	Witzk	e F. D	4101 Ed		
/S 150-REV. 1/	1/65							



CLYPE OF PRINT BLANCHE  MATY Land  C. CHY OR TOWN (If outside corporate limits, write RUBAL and give to Baltimore  D. STREET ADDRESS (If rurol, give locoston)  1176 Newfield Avenue  S.SEK  B. COUNTY  Baltimore  D. STREET ADDRESS (If rurol, give locoston)  1176 Newfield Avenue  S.SEK  BLANCHE  BALTAMA  C. CHY OR TOWN (If outside corporate limits, write RUBAL and give to Baltimore  D. STREET ADDRESS (If rurol, give locoston)  1176 Newfield Avenue  S.SEK  BLANCHE  BALTAMA  Baltimore  D. STREET ADDRESS (If rurol, give locoston)  1176 Newfield Avenue  S.SEK  BLANCHE  BALTAMA  B	1. N	CASE NO.	CEASED				2. DATE AND	HOUR PRONOUNCE	D DEAD			
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MATY LAND  St. Agnes Hospital (DOA)  St. Agnes Hospital (BOA)  St. Agnes	тур		E N	MARIE	BALSAMA	•	Decembe	er 9, 1967	1	6:0	05 P	
ADDRESS OR LOCATION)  St. Agnes Hospital (DOA)  St. Agnes Hospital (DOA)  St. Agnes Hospital (DOA)  D. STREET ADDRESS (If revol., give locoson)  1176 Newfield Avenue  S. SEX  6. RACE  WIDOWED, DIVORCED (specify)  Married  White  White  Widowed, DIVORCED (specify)  Married  9/15/28  400: 39  400: 39  400: 39  ANTECTION (Give kind of working) life, even if relired)  What counting most of working life, even if relired)  S. SEX  6. RACE  WIDOWED, DIVORCED (specify)  Married  9/15/28  400: 39  400: 39  What counting most of working life, even if relired)  West Virginia  14. MOTHERS MADE  14. MOTHERS MADE  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL  SECURITY NO.  17. INFORMANT  18. ANTECEDENT: CAUSES  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heard follure, osthenic, etc. It means the diseases, injury or complication which caused death.)  ANTECEDENT: CAUSES  DISEASE OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION FOR WHICH OPERATION  10. CRETEFYING CAUSES OF DEATH?						A. STATE Marylar	nd	B. COU	B YIN	ille	65/	A
St. Agnes Hospital (DOA)  D. STREET ADDRESS (III rurol, give locosion) 1176 Newfield Avenue  1. SEX  6. RACE  7. MARRIED, NEVER MARRIED Widowed, DIVORCED(specify)  Married  9/15/28  4. 40: 39  4. 40: 39  1. BRTHPLACE (Stote or foreign country)  West Virginia  3. FATHER'S NAME  Late Jacob Dameron  5. WAS DECEASED EVER IN U.S. ARMED FORCES? Fors, no grunknown) (II yes, give wor or dotes of service)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  ODISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II.  OTHER SIGNIFICANT CONDITION CAUSING II.  WAS PERFORMED  DISEASE OR CONDITION CAUSING II.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II.  WAS PERFORMED  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDER IIIN CERTIFYING CAUSES OF DEATH?	109	PITAL OR	ADDRESS OR	LOCATION)	SHI GHON, GIVE SINCE			corporate limits, write	RURAL ond	give	to wn sh	(q)
SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years birthday) 9/15/28 402 39	Ø	C+ Acr	aca Mosait	-01 (DOA)					00	2 -	W.O.	
Female White White Married 9/15/28 9/15/28 400 Months Doys H Married 9/15/		St. Agi	nes nospit	al (DOA)								
Female White Married 9/15/28 lost birthday! Months, Days, He Married 9/15/28 word of working life, even if retired)  OA. USUAL OCCUPATION (Give kind of work lost, kind of work lost, kind of working life, even if retired)  OA. USUAL OCCUPATION (Give kind of work lost, kind of work lost, kind of working life, even if retired)  OA. USUAL OCCUPATION (Give kind of work lost, kind of work lost, kind of working life, even if retired)  OA. USUAL OCCUPATION (Give kind of work lost, kind of work lost, kind of work lost, kind of working life, even if retired)  OA. USUAL OCCUPATION (Give kind of work lost, kind of work lost, kind of working life, even if retired)  OA. USUAL OCCUPATION (Give kind of work lost, kind of work lost, kind of working life, even if retired)  OA. USUAL OCCUPATION (Give kind of work lost, kind of work lost, kind of working life, even if retired)  OA. USUAL OCCUPATION (Give kind of work lost, kind of working life, even if retired)  OA. ADDRESS  INTERVA ONSET /  OA. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?  OA. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?	7											
Female White Married 9/15/28 40t 39  DA. USUAL OCCUPATION (Give kind of work look. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Stole or foreign country)  West Virginia 12. CITIZEN OF WHAT COUNTRY USA  3. FATHER'S NAME  Late Jacob Dameron  5. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no or unknown). (If yes, give wor or dates of service)  Dona DePriest  7. INFORMANT  ADDRESS  B. CAUSE OF DEATH  OSECURITY NO.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying e.g., head failure, asthenia, etc. II means the disease, injury or complication which caused doord,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  195. ADDRESS OR CONDITION CAUSING IT.  196. SOCIAL SECURITY NO.  10. SECURITY NO.  11. BIRTHPLACE (Stole or foreign country)  West Virginia  12. CITIZEN OF WHAT COUNT USA  14. MOTHER'S MAIDEN NAME  Dona DePriest  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  INTERVA ONSET  DISTANCE  (A)  DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT.  195. CONDITION FOR WHICH OPERATION WAS PERFORMED  196. SOCIAL  SECURITY NO.  (B)  10. SOCIAL  (A)  ADDRESS  (B)  DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  197. INCOMENT  10. SOCIAL  11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. MOTHER'S MAIDEN  14. MOTHER'S MAIDEN  17. INFORMANT  18. CAUSE OF DEATH  17. INFORMANT  17. INFORMANT  17.	. SI	X	6. RACE					9. AGE (In years last birthday)				
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West Virginia  USA  J. AMOTHER'S MAME  Late Jacob Dameron  S. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no grunknown). (If yes, give wor or dates of service)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., hend rigiliue, astheric, etc. It means the disease, injury or camplication which caused death.)  ANTECEPENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)  DUE TO  DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  (B)  OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  (P)  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERING CAUSES OF DEATH?				of work 10B. KINI		YII. BIRTHPLACE	State or foreign	country)			NITOV2	
Late Jacob Dameron  S. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no or unknown) (If yes, give wor or dates of service)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying e.g., hear finding or complication which coused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (G).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERI IN CERTIFYING CAUSES OF DEATH?	ne	during most of v	working life, even if r	etired)					00 00 000 1			
S. WAS DECEASED EVER IN U.S. ARMED FORCES? es, na or unknown) (If yes, give wor or dates of service)  16. SO CIAL SECURITY NO.  17. INFORMANT INT. ROBERT L. Balsamo 1.76 Newfield Rd.  CAUSE OF DEATH  (This does not meen the mode of dying e.g., hear foilure, ostherio, etc. II means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  (C)  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED  10. SO CIAL SECURITY NO.  17. INFORMANT INF	3. F	ATHER'S NAM	N.E.			WODO ATTENTION						
S. WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no or unknown) (If yes, give wor or dotes of service)  18.			Late Jaco	b Damero	n	Do	na DePr	riest				
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21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	MEDICAL CERTIFICATION	OTHER SIGN TO THE DISEASE OF THE DIS	LEADING TO E  not meon the mo asthenia, etc. It mplication which c  NATECEDENT C  OR CONDITION! E ABOVE CAUSE NG CONDITION  II NIFICANT CONDI DEATH BUT NO R CONDITION CA  OPERATION 198 W/A  L CAUSE WAS OR CONTRIB- SE OF DEATH.	DEATH  ode of dying, means the diser  aused death.)  AUSES  S, IF ANY, GIVII  (A) STATING T  LAST.  TIONS CONTRIB  OT RELATED T  AUSING IT.  3. CONDITION F  AS PERFORMED	CAUSION (A) DUE TO (B) TO (C)	20A. AUTOPSYS  Yes in or obout 21C. Wooffice bldg. INJURY	officeld in the state of the st	tice Droxe	hetes.  DINGS COES OF DEA	N SIDE	AND	

I certify that I held on Inquiry Inspection Autopsy M and that an this basis, death in my opinion resulted from: Notural couses X Accident Suicide \_\_\_ Homicide \_\_\_ Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL

M.D. ASSISTANT MEDICAL EXAMINER

Baltimore National Cem.

ASSOCIATE MEDICAL EXAMINER

24C. FUNERAL DIRECTOR

DATE SIGNED 12/10/67

EXAMINER'S Werner U. Spitz , M.D. NAME (Type) 23A, BURIAL CREMATION, REMOVAL (Specify) 23 NAME OF CEMETERY OF CREMATORY 23B. DATE 23D. LOCATION

(City, town, or county)

Baltimore, Md.

24A. DATE REC'D BY HEALTH DEPT.

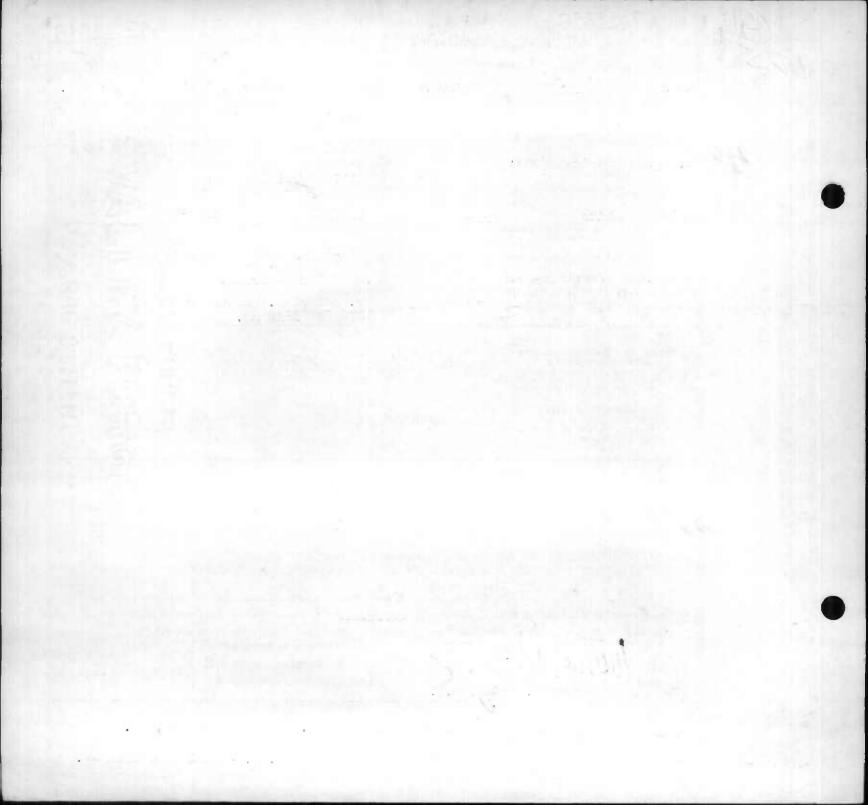
12/14/67

Poleub E Fallyma

Witzke F. D. - 4101 Edmondson av.

Burial

SIGNATURE



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	proved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death or in order of the direct or contributing cause of death or oxcept where the physician who pronounced death was in regular attendance on the and (6) No physician was in regular attendance on the deceased prior to death. Such obtained before the remains are embalmed or final disposition is made.	
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FUNERAL DIRECTOR: IMPORTANT	pproved by the chief medical examiner or his assistant if death occurred the hospital by a medical examiner. Also, if the direct or contribution any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined (except where the physician who pronounced death was in regular and (6) No physician was in regular attendance on the deceased probtained before the remains are embalmed or final disposition is made.	
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

/NW ( ) 0 1 4		HEALTH DEPARTMENT		CM AADAM		
BIRTH NO. 67 1181	CERTIFICA	TE OF DEATH	Registered No.	0/ 11817		
M.E. CASE NO.						
1. NAME OF DECEASED (Type or Print) FORE, WILLIE		2. DATE AN	B - 190	67 345 PM		
3. PLACE OF DEATH IN BACTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If in	nstitution: residence before admission)		
FULL NAME OF (If not in hospital or instilut HOSPITAL OR oddress or location) INSTITUTION	ion, give street	Maryland c. city or town (11 ou	tside city limits, write	RURAL ond give township)		
161 Ha 11 11:40	of Marula. 1	Bat	timore			
& Lutheran Hospital	of the grand	610 W:	rurol, give location) ldwood	Pkwy		
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
FC	Widow	12/13/92	9. AGE (In years lost birthday)			
done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Star or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
Retired		Va.		USA-		
13. FATHER'S NAME		14. MQTHER'S MAIDEN NA				
BENJAMIN DEA		Disie B	illian	~		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	. /	ADDRESS A DA		
No	30000111 1101	Pora d- Jebres	Thorn 610	Wildwood Plan		
18. 4 2 2, 1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY	٨	1. 1 +		ONSET AND DEATH		
LEADING TO DEATH (This does not meon the mode of dying,	e.g., A) A	rteriosclerations dis	cardio	1 year		
heart failure, osthenio, etc. It meons the dise injury or complication which caused death.)	ose, VC	ascular dis	ease			
ANTECEDENT CAUSES	(B)					
DISEASES OR CONDITIONS, if ony, gi	(B) DUE TO					
rise to the obove cause (A) sloting UNDERLYING CONDITION last.	. *	**************************************				
N OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TTING THE					
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	ON 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED		
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If in Boltimor	e City, give exoct locotion)		
OF IN HERY	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
OF INJURY (APPROX.)	While At Not While At Work	e 🗍	-			
22. I certify that (I) (this hospital) attend		11 - 2-8 -	19 67 to	12-8-1967.		
that (I) (we) last saw the deceased alive	19 3	(7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
and hour and from the couses stated above			or many, (dur, dp)	nion death accurred on the date		
23A. SIGNATURE	e. (1) (#e) (did) (did not) V	lew the body after death.		23B, DATE SIGNED		
Orphyen His De	Aul M.D. Atte	ending Med. Director	Stoff Phys.	12-8-67		
23C. PHYSICIAN'S NAME (Type) NGUYEN THI	DANH M.D.	23D. ADDRESS	Howkital	of Maryland		
	C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (C	ity, town, or county) (Stote)		
BURIAL DEPT. 258. MAI	ME OF REGISTRAN	725C. FUNERAL DIRECTOR	9. A. Coc	ADDRESS		
DEC 11 1967 OLG	DE, Janeary	Joseph &	dirks.	1301 n. Central		
VS 150-REV. 1/1/65	22.00		0			

39 Dogs to the

BALTIMORE	CITY	HEALTH	DEPARTMENT

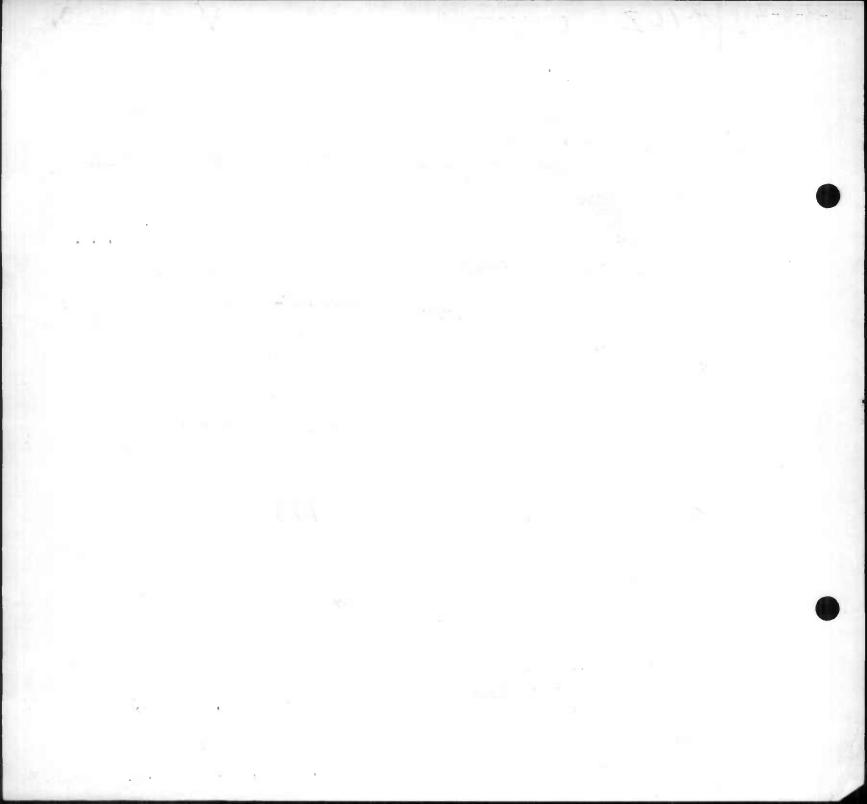
Registered	No	67	11	Ω	1	C
		1 2	1	U	-	

M.E. CASE NO.	CERTIFICA	TE OF DEATH	Kegistered No.	07 11818		
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH			
Type or Print) Thomas Stewar	t	12-	7-67	11:00 PA		
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	e deceased lived. If inst	itution: residence before odmission		
		A. STATE B. COUN'	I Y	111 100		
FULL NAME OF (If not in hospital or instituting oddress or location)	on, give street	Maryland		I see the second		
Provident Hosp	ital Inc.	C. CITY OR TOWN (If outs	side city limits, write Ki	RAL (find give township)		
39 1514 Division		Baltimore				
Baltimore, Mar			urol, give location)			
<u> </u>		2029 Madison	Ave.			
	IED, NEVER MARRIED WED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.		
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF		
one during most of working life, even if retired)		BALID	, md	WHAT COUNTRY?		
HBORCE		E I I NOTHER ALABOM NAME	. 176	U.S.A.		
2 A	+ -	14. MOTHER'S MAIDEN NAA	T+	= = = = = = = = = = = = = = = = = = = =		
I homas &	CWARI	FRANCES	0) / 6	DNEY		
. Was Deceased Eyer in U. S. Armed Forces?	1 6. SOCIAL	17- INFORMANT	1	ADDRESS		
es, no prunknown) (If yes, give wor or dotes of service	security No.	HOLLATTO -	tonna n	1AdisoN AVI		
110		HERVER BRUNTAL	10027 11.	, , , , , ,		
18. 4 4 3 IX	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY	$\mathcal{I}$	10. Times 11-	- " Fail			
LEADING TO DEATH	(A). O	ngestive Ha	ert ruiu			
(This does not mean the mode of dying, a heart failure, asthenia, etc. It means the disea	g-,					
injury or camplication which caused death.)		HOVA				
ANTECEDENT CAUSES	ANTECEDENT CAUSES  (B)  DUE TO					
DISEASES OR CONDITIONS, if any, giv						
rise to the abave cause (A) stating						
UNDERLYING CONDITION last.						
II .						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO	THE					
DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CALL	NDINGS CONSIDERED		
X O		No	CERIII IIIIG CAU	JEJ OF DEATH:		
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, off	ice blog., INJURY OCCUR?				
	OLE INTHES ACCUSES	016 (10)11 010 1111	INV BOOLIST			
OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	JRT OCCUR?			
(APPROX)	While At Not While Nork At Work					
22. 1 certify that (1) (this hospital) attende	d the deceased from Of	ctober 27,	967 to Dece	mber 7. 1967		
that (1) (we) last sow the deceosed olive		10				
			ot in (my) (our) opini	on deoth occurred an the da		
and haur and fram the causes stated obave	. (1) (We) (did) (did nat) v	iew the bady after death.				
23A. SIGNATURE				23B. DATE SIGNED		
MIIIACO	M.D. Atte	nding Med.	Stoff Phys.	10 0 40		
23C. PHYSICIAN'S		3D. ADDRESS	rnys.	12-8-67		
NAME (Type)						
G.S. TENC	3CO M.D.	1514 Divis	ion Street			
4A. BURIAL CREMATION, 24B. DATE 240	NAME of CEMETERY OF CRE			, form, or county) (State)		
REMOVAL (Specify)	Mit. An Luxa	D	Ox. mas	63/		
VINLAY 1 1 0 10/	III CHEN VIEW	0	as la Irra			
SA. DATE REC'D BY HEALTH DEPT. 258. NAN	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	A 1 1 10	ADDRESS /		
DEC II JADI APPE	THE CANADA	Joseph S. K	och 10/3	24 11. CONDUNIAL		
S 150-REV. 1/1/65			1			

VS 150-REV. 1/1/65

20-102 Males The Carber Bellion Gen. Com occurred

BALTIMORE CITY HEALTH DEPARTMENT 67 11820 CERTIFICATE OF DEATH Such (4) Undetermined cause; (5) Deceased on the M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) MELIA FOLABERKAM 10 death. 4. USUAL RESIDENCE (Where deceased lived. If institution; residence ance contributing cause FULL NAME OF Maryland Baltimore (If not in hospital or institution, give street 4940 Eastern Avenue C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION attend Baltimore, Maryland D. STREET ADDRESS (If rural, give location) MORECITY 21 Vista Mobile Drive 21222 regular 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours deceased WIDOWED, DIVORCED (specify) lost birthdoy) 2-14-8 emale 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? = done during most of working life, even if retired) Housewife 13. FATHER'S NAME Maryland U.S.A Was 14. MOTHER'S MAIDEN NAME the James Shimek Mary Forst 0 death 15, Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT SECURITY NO. attendance Records: BCH-4940 Eastern Avenue 21224 3-32-5764 110 any pronounced 1B. INTERVAL BETWEEN BLEZD ONSET AND DEATH DISEASE OR CONDITION DIRECTLY tracture of REM LEADING TO DEATH (This does not mean the mode of dying, e.g., embal hearl failure, asthenia, etc. It means the disease, ar injury or complication which caused deoth,) (B) WEPHNOSCLLNOSIS gu ANTECEDENT CAUSES who 9 4 DISEASES OR CONDITIONS, if any, giving (3) rise to the above cause (A) stating the physician remains UNDERLYING CONDITION last. Was any nature; (2) Body burns; ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. physician CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? to the hospital by 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF ° DEATH (notify medical examiner) 21 D. TIME (Month) (Dov) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) Work At Work and 22. I certify that (1) (this haspital) attended the deceased fram..... 6 that (I) (we) last saw the deceased alive an ond that in(my) (aur) opinion death occurred on the date hospital eath) the body was released and haur and fram the couses stated above. (1) (We) (did) (did not) view the bady ofter death. must An accident 23A. SIGNATURE 23 B. DATE SIGNED certificate must T Attending Stoff A Med. 0 Phys. approval ō 23 C. PHYSICIAN'S 23D. ADDRESS prior 40 Paul Michelson NAME (Type) M.D. 4940 Eastern Avenue, Baltimore, Maryland 21224 D.O.A. was D.O.A deceased p 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 67 Gardens of Faith Cemetery Baltimore, Maryland
|25B. NAME\_OF REGISTRAR | 25C. FUNERAL DIRECTOR 25A, DATE REC'D BY HEALTH DEPT. John A. Moran, Inc. 3000 E. B. altimore St VS 150-REV. 1/1/65



6-48 ED 1	W-416 67 41894 BALTIMORE CIT	Y HEALTH DEPARTMENT	67 11821
1 t b e t	BIRTH NO.  M.E. CASE NO.  67 11821 CERTIFICA	TE OF DEATH Registered No	A CONTRACTOR OF THE CONTRACTOR
of deat Of deat Decease e on th	1. NAME OF DECEASED (Type of Print)	2. DATE AND HOUR OF DEATH	0.00 5
hospital ise of d (5) Dece ance on death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	12/7/67	3:30 P. M.
		A. STATE B. COUNTY	0 110
	FULL NAME OF (If not in hospital or institution, give street oddress or location)	Maryland c. CITY OR TOWN (If outside city limits, write RU	IRAL and give township)
ca ca ca to	Baltimore City Hospitals	Baltimore	53-00
ng ca cause atten	4940 Eastern Ave.	D. STREET ADDRESS (If rurol, give location)	~ ~ ~
de de de	Baltimore, Maryland # 21224  5. SEX   6. RACE   7. MARRIED, NEVER MARRIED		221 005
trib min gul sed	Female White Married	2-24-1910 57	tf Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
con con leteri in re ecedi	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?
nt if death direct or c ; (4) Undet h was in n the deci	Body Maker American Can Co	Virginia	U.S.A.
if deect of the was was the sposit	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
irective (4)	Sephas Seefus Stevenson	Ollie Mae Grim	
	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
S TAP SE	No 235-38-9814	BCH: Records 4940 Eastern A	ve. Baltimore, Md.
D TE COOP I		DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
204 2 20	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MIA C Clamana	atlesstigs.
Als ure o onou	(This does not mean the mode of dying, e.g., DUE TO	guttario i	J
ner on acture prono prono ular a mbalm	injury or complication which caused death.)	that I am a si	
E.E.F. o Bo	ANTECEDENT CAUSES  (B)  DUE TO	guicario C	**************************************
×an ×an ×h ×h	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	V	
1 0 C E : SE	UNDERLYING CONDITION 1051,		
medical medical burns; (physicial an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
hied Body the ysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FII IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
he he	OR CONTRIBUTING CAUSE OF home, form, foctory, street, or DEATH (notify medical examiner)	in or about 21C. WHERE DID (If in Boltimore office bidg., INJURY OCCUR?	City, give exact location)
hospi hospi nature ept w I (6) h	Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
hos natu ept 1 (6	(APPROX.) While At Work At Work		

22. I certify that (1) (this hospital) attended the deceased from ond that in (my) four) opinion death accurred and hour and from the causes stated above ((1) (We) (did) (did not) view the body after death. 23B. DATE SIGNED 23A. SIGNATURE 12/7/67 Attending Phys. Med. Director Stoff Phys. M.D. PAT. OFTY HONETAL 23C. PHYSICIAN'S NAME (Type) Baltimore, Maryland ALS # 21224 24A. BURIAL CREMATION. REMOVAL (Specily)

Baltimore, Maryland

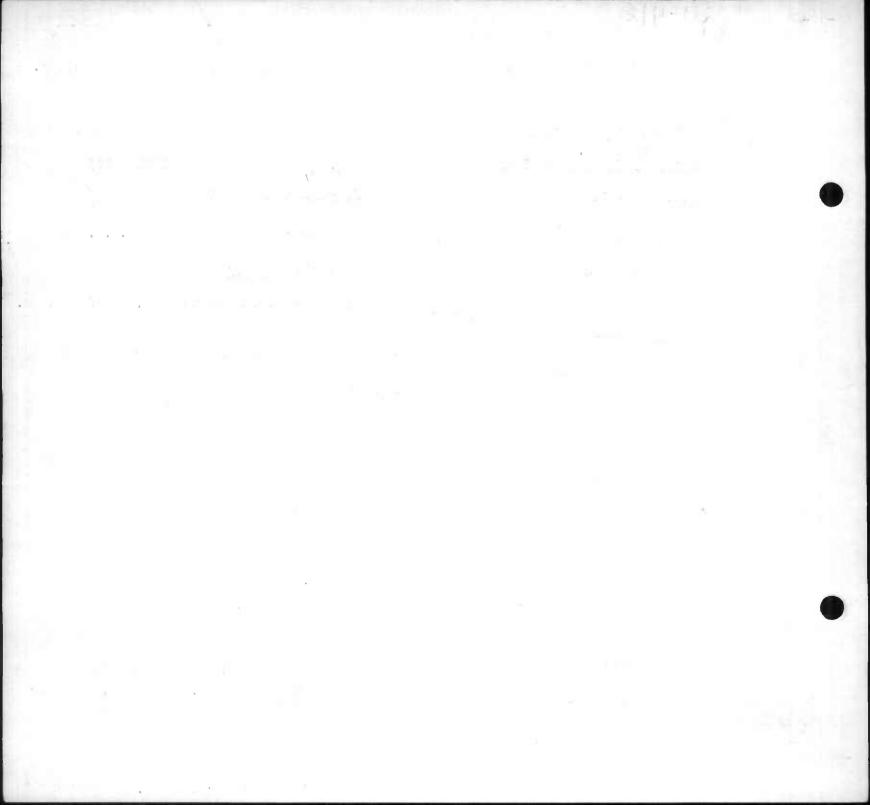
258 NAME OF REVISIONAL CEMETRO GUNERAL DIRECTOR

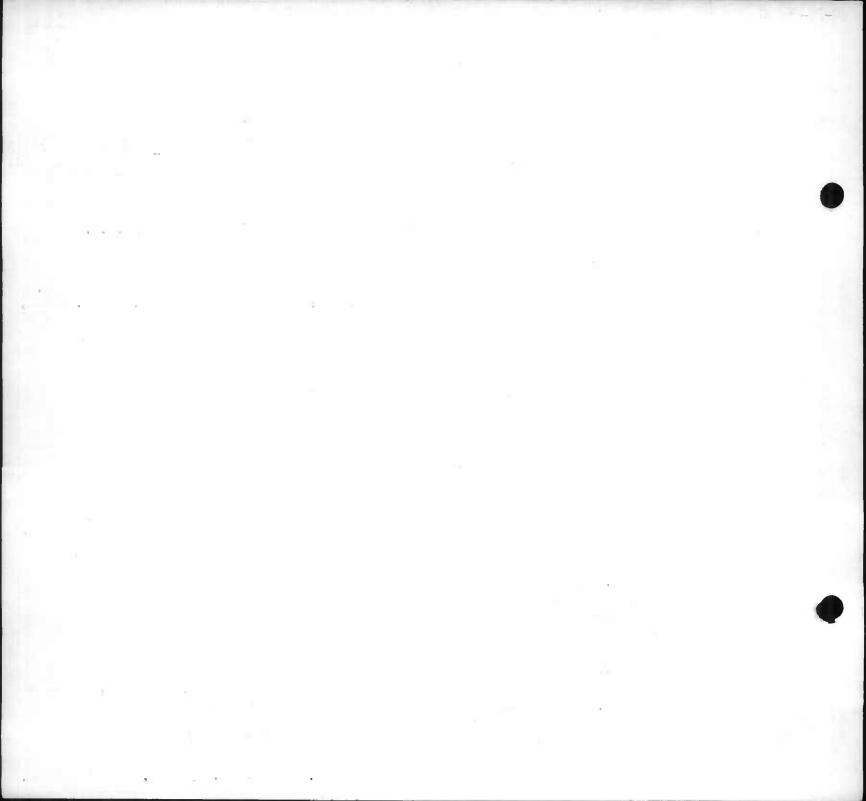
VS 150-REV. 1/1/65

was D.O.A. at a hospital (exc deceased prior to death); and written approval must be obto

This certificate must be appro the body was released to the shows: (1) An accident of any

John A. Moran, Inc. 3000 E. Baltimore St





25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

1967

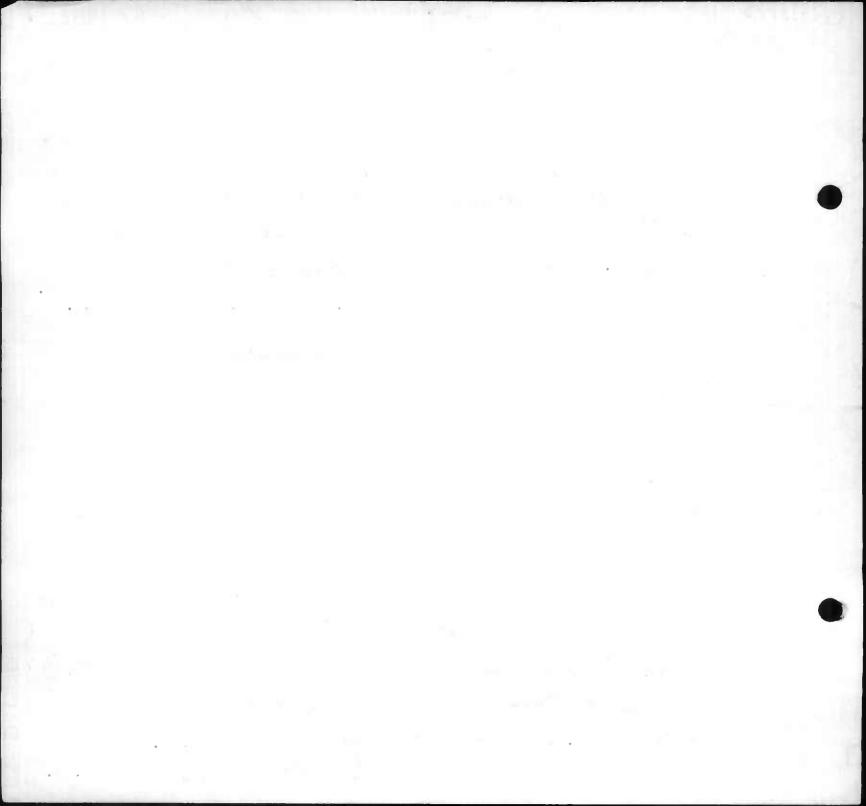
258. NAME OF REGISTRAR

Such

	BALTIMOR	E CITY HEALTH DEPARTMENT		0101 1.1000		
BIRTH NO. 67 11823 CERTIFICATE OF DEATH Registered No. 67 11						
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  MART.	THA PORTER	12/	ND HOUR OF DEATH	930 p. N		
3. PLACE OF DEATH IN BALTIMOR  FULL NAME OF (If not in ho HOSPITAL OR oddress or INSTITUTION	E MARYLAND  ospitol or institution, give street location)	A. USUAL RESIDENCE (Who A. STATE B. COUI AM AR Y L. A. A. C. CITY OR TOWN (IF or	Y D ·			
44	TORIAL HOSPIT	D. STREET ADDRESS (If	BALTIMORE  D. STREET ADDRESS (If rurol, give location)  S814 ALAMENA			
5. SEX 6. RACE	7, MARRIED, NEVER MARRIED WIDOWED, DIVORCED Spec	B. DATE OF BIRTH	0 105 1	Under 1 Yi. If Under 24 His.		
done during most at working life, even if re Retired -Housew		m ARYLA	ND.	2. CITIZEN OF WHAT COUNTRY?		
	TOAD VINE	DAISEY SHOCK				
15. Was Deceased Ever in U. S. Arm (Yes, no or unknown) (If yes, give wor	or dotes of service) SECURITY NO.	MR. VIRGIL F. 7	MR. VIRGIL F. TOADVINE, JR. (nephew) 518 S. Park Drive, Salisbury, Maryland			
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made at dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  CAUSE OF DEATH  (A) Conglative Heart Failure G years  DUE TO  (B) M 10 CAR DIAL JM FARCTION Old  DUE TO						
ANTECEDENT CAUSES  (B) IN 10 CAR DIFT JMFARCTION Old  DUE TO						
DISEASES OR CONDITIONS rise to the above cause UNDERLYING CONDITION to		ASCUD Julmary em				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	home, form, factory, st	Y (e.g., in or obout 21C, WHERE DID reet, office bldg., INJURY OCCUR?		ity, give exact location)		
OF INJURY (APPROX.)	While At N. Work	of While twork				
22. I certify that (I) (this hospital) attended the deceased from October 28 1967 to December 5 1967 that (I) (we) last saw the deceased alive an Accertify 5 1967 and that in (my) opinion death accurred an the date and haur and from the causes stated above. (I) (We) (did) (did nat) view the body after death.						
23A. SIGNATURE	Cibrian M.I			BR. DATE SIGNED		
ENRY OBE CIPR	IANDRIANI	M.D. STEE UNION	MEMORIAL-CHO	SPITAL T.		
24A. BURIAL CREMATION, 24B. DA REMOVAL (Specify) Burial Dec	.8, 1967 Union Church		location Icity,	town, or county) (State)  / Maryland		

1967 Union Church Cemetery Wicomico Country, Maryland 25C. FUNERAL DIRECTOR ADDRESS HOLLOWAY & COMPANY, SALISBURY,

			BALTIMORE CITY	HEALTH DEPARTMENT		67 11824
	BIRTH NO.	67 13	1824 CERTIFICA	TE OF DEATH	Registered No	01 11024
	M.E. CASE NO.				D HOUR OF DEATH	
	(Type or Print)	E H. WOL	156	DECEMBE		1 3 05 1
	3. PLACE OF DEATH IN BAL		· FF			titution: residence before admission)
				A. STATE 8. COUN		h A = A
				MARGLAND	6	Inteluctions.
	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If out	side city limits, write R	URAL and give township)	
			Cambridge D. STREET ADDRESS (If rural, give location)			
-	UNIVERSITY HOSPITAL		D. STREET ADDRESS (If	rurol, give location)		
6			615 Locust Street			
300	The state of the s			9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
E	MALE CAU		ARRIE D	4/28/08	59	100.00
- 1		ve kind of work 108, KIN	D OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF
disposition	done during most of working life, e	ven if retired)		Man 1 1 1 0		WHAT COUNTRY?
-	PHYSICIAN 13. FATHERS NAME			MARGLAND  14. MOTHER'S MAIDEN NAM	4.6	03
0		1 / 50				
S	ELDAIDGE E.	WOLFF		MARIA C.	HOOSER	
_	15. Was Deceased Ever in U. (Yes, no or unknown) (If yes, giv	S. Armed Forces?		17. INFORMANT	6	15 Lecust st.
0	No No	e wor or doles or serv	SECURITY NO.	Mrs. Margaret		
-	18.		CAUSE OF		1 1110111190	INTERVAL BETWEEN
0	7700		CAUSE OF	DEATH		ONSET AND DEATH
0		IDITION DIRECTLY	Ont	7.1	1 .	5 years
E	(This does not mean the mode of dying, e.g., DUE TO		terioles septroselvoris		- Jan	
balmed	heart failure, asthenia, etc. Il means the disease,					
E 0	injury ar camplication which coused death.)  ANTECEDENT CAUSES (8)					
	DUE TO					
are	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR?						
8		1				
E	O OTHER SIGNIFICANT CO					
7	TO THE DEATH BUT		Int			
h h	19A. DATE OF OPERATION	198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	108. IF YES, WERE F	INDINGS CONSIDERED
0	ER	WAS PERFORMED				NO
ō	OR CONTRIBUTING CA	IDERLYING	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or about 21 C. WHERE DID	(If in Boltimore	City, give exoct locotion)
90	DEATH (notify medical examiner)					
	21D. TIME (Month) (	Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
ained	S OF INJURY		While At Not While			
			Work Al Work		/.	
opt			ed the deceosed from Df.			in BEK 7 1967
DO	that (I) (we) last saw	he deceased alive	on DECEMBER 7	19 6 7 ond the	at in(my) (our) apin	Ion death accurred on the date
	and hour and from the	couses stated abov	e. (I) (We) (did (did not) v	lew the bady ofter deoth.		
must	23A. SIGNATURE					23B. DATE SIGNED
	2/2	76 7. File M.D. Atter			Stoff Phys.	DECEMBER 7, 1967
0 >	23C. PHYSICIAN'S			Director	7117 31	,
0	NAME (Type)	111 11/1/1	. M.D	11 - 11.00	Ta /	
approval	MEMAG	W DATE	C MANAGE of CENTERPOR	UNIVERSITY HOSPI		
	REMOVAL (Specify)		C. NAME of CEMETERY of CRE		OCATION (Cit	y, town, or county) (State)
0	Burial	Dec.9,1967	Christ Church	hyand Ca	mbridge, Md	
Written	25A. DATE REC'D BY HEALTH	DEPT. 258. NA	ME OF REGISTRAR	200 FUNERAL DIRECTOR	20	ADDRESS
}	DEC 11	. 1967 P.O.	BE STALLENA	Dewell X &	HATHANS.C	Cambridge, Md.
I	VS 150-REV. 1/1/65			The state of the s	- unun	



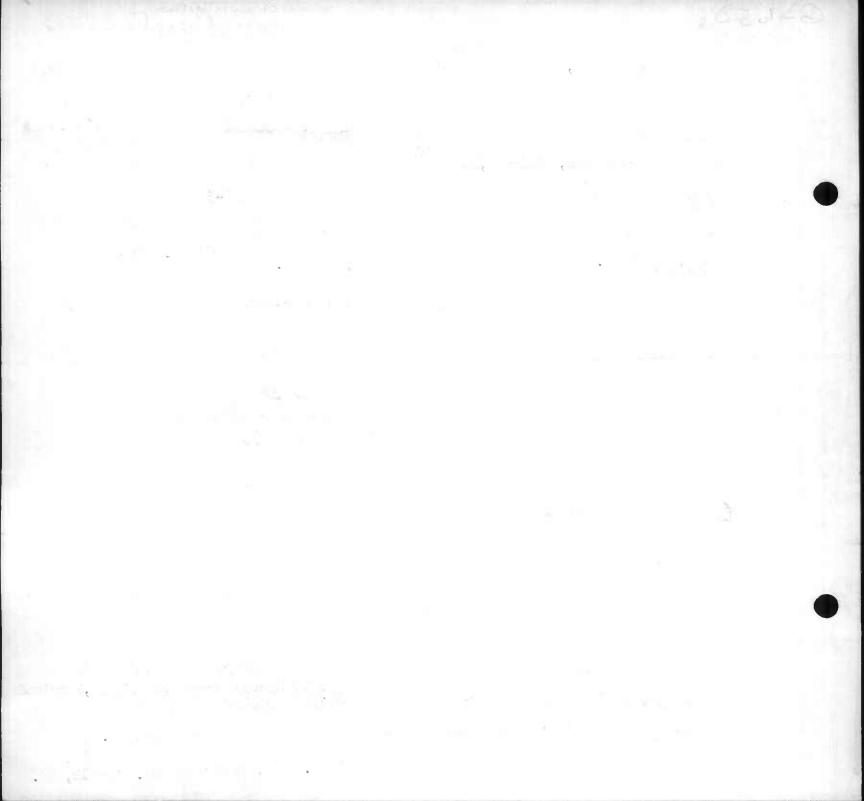
67 11825 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N.67 11825

M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD						
EVE			mber 6, 1967		10:55 P. <sub>M.</sub>		
3. PLACE IN BALTIMORE, MARYLAND, W  FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOC.)	A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give pownship)						
INSTITUTION			Ва	ltimo	re		1-01
Baltimore City Ho	spital	(DOA)	D. STREET ADDRE		give locotion)	et	
5. SEX   6. RACE Female   White		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH June 29,		9. AGE (In years last birthdoy)	If Under	1 Yr. If Under 24 Hrs. Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of word done during most of working life, even if refired) Housewife	108, KIND OF	BUSINESS OR INDUSTRY	West Virg	inia		12. CITIZE WHA	OF COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MA				
Henry Helmick			Arttie P	hillip	S		
15. WAS DECEASED EVER IN U.S. ARMEI (Yes, no or unknown) (If yes, give wor or dote		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	21224
No		213-24-7305	Mr. Ronal	d Carr	, 3011 Fait	Ave.	Balto. Md.
(This does not meon the mode of heart foilure, osthenio, etc. It meoning the mode of heart foilure, osthenio, etc. It meoning the mode of heart foilure, osthenio, etc. It meoning the mode of heart foilure, osthenio, etc. It meoning to complication of the above cause (a) sunderlying condition last.  ZOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	deoth.) S NNY, GIVING TATING THE	DUE TO  (B)  DUE TO  (C)					
DISEASE OR CONDITION CAUSING	3 IT.	***************************************					
19A. DATE OF OPERATION 19B. CON	IDITION FOR Y	WHICH OPERATION	20A. AUTOPSY? Yes	(Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS		
Q 21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.	21 B, home etc.)	PLACE OF INJURY (e.g., form, foctory, street, o	in or obout 21C. Wi office bldg., INJURY	HERE DID OCCUR?	(If in Boltimore City, give	re exoct lo-	cotion)
21D TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)	v	TE. INJURY OCCURRED  WHILE AT NOT AT W	WHILE	M DID INJ	URY OCCUR?		
ACTUAL SIGNATURE	Certify that I held an Inquiry   Inspection   Autapsy   And that an this basis, death In my apinion resulted fram: Natural causes   Accident   Suicide   Hamicide   Undetermined manner      CHIEF MEDICAL EXAMINER   DATE SIGNED						
NAME (Type)							
23A. BURIAL CREMATION, REMOVAL (Specify) Burial 23B. Date 12/10,		c. NAME of CEMETERY of			cker Co. Hence	dricks	
24A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	John J.		7922 Wise A		undalk, Md.

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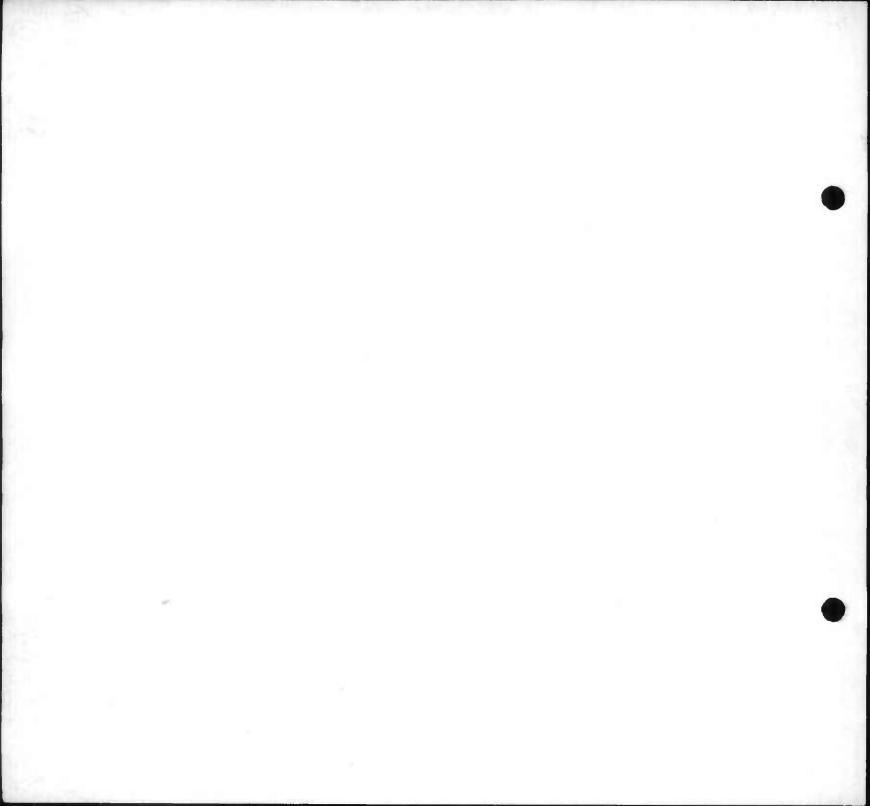
VS 150-REV. 1/1/65

17	BALTIMORE CITY	Y HEALTH DEPARTMENT	
-65	BIRTH NO. 67 11826 CERTIFICA	TE OF DEATH Registered No.	11826
sed the the	M.E. CASE NO.  I NAME OF DECEASED  Mamie Elizabet	th Green  2, DATE AND HOUR OF DEATH	
Sign	(Type or Print) Dean MANIE FLIZA	3E-774 12/2/12	7,20,
F 0 0 4	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; resi	idence before admission)
o de de		A. STATE B. COUNTY	1
(5) and	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or location)	10/1/2/2010	imore Co
cau use; end to	INSTITUTION 2 - L 1	C. CITY OR TOWN (If outside city timits, write RURAL and	2 3
ニュスセ キシリ	BALTIMORE CITY THOSPITALS	D. STREET ADDRESS (If rurol, give location)	01000
B.E _ 0 .E .	4940 Eastern Avenue Baltimore Maryland	8348 BEAR CREE	IL DRIVE
but lar d p	5. SEX.   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH, 9. AGE (In years If Under	
mimin min min min min min min min min mi	fem white MARRIED	11/22/13 last birthd Months D	Pays Hours Min.
100	JA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, eyen if retired)		N OF COUNTRY?
e i e		MARYLAND	5 A
as as	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME .	J H
(4) the	Irvin M. German	Amelia L. Krodel	
	15, Was Deceased Ever in U. S. Armod Forces? 16. SOCIAL	,	ADDRESS
0 = 0 0 0	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.		
find A Fil	No None	Records: BCH-4940 Eastern Avenue	21224
an)	7794		ITERVAL BETWEEN
so, of of of the ten	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4 1 1	
Tange A	(This does not mean the mode of dying, e.g., DUE TO	le arachoed	5 1200 -
bo bo	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	ourlage -	
in p 2 E	ANTECEDENT CAUSES (B)	HOUD.	
Af	DISEASES OR CONDITIONS, if any, giving	unonia - Terrare	
3) (6) A	rise to the obove cause (A) stating the (C)	and a warmy	
S; (	UNDERLYING CONDITION lost.	el Hylchen	
lico lico rrns rsic wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
bed by hy re	TO THE DEATH BUT NOT RELATED TO THE DECO TO	tus Ukcers	
he re he	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS C	ONSIDERED
e x + Bo	7/21/67 WAS PERFORMED PNEUMONIS	IN CERTIFYING CAUSES OF DE	ATH?
12 pg	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	in or about 21C. WHERE DID (If in Baltimare City, give	exact lacation)
her her bef	DEATH (notify medical examiner)	nice or agri, it is a constant of the constant	
spi v.v. 6	OF INJURY (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
5000	(APPROX.) While At Work At Work		
xce xce	22. I certify that (I) (this hospital) attended the deceased fram	rely 14 1967 10 12/	7 10/7
# E	that (I) (we) lost saw the deceased alive on 12/7	1967 and that in (my) (our) apinion death	
brage to			occurred on the dote
dent of deoth)	ond Kour and from the couses stoted obove. (I) (We) (did) (did not) of the course stoted obove.	238. DATE	SIGNED
0.5 5 0	M.D. AHO	ending Med. Stalf	17/19
9 0 0 0	SC. PHYSICIAN'S	000	/6/
wos r A. at prior	MYRNA T. ESTRUCH M.D.	23D. ADDRESS 4940 Eastern Avenue Baltin	ore, Maryland
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	DALI MORE CITY TO	501/2/5
\$ 0 G	Burial 12/11/67 Oak Lawn Cemeter		
ws: bod ws: D.C ease			
the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DERT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
-+ w > 0 >	VS 150-DEV 1/1/45	John J. Duda, 7922 Wise Ave. Du	undalk, Md.



-	-631
	ibuting cause of death ined cause; (5) Deceased lar attendance on the d prior to death. Such
	death occi it or contri Undetermi as in regu-
IMPORTANT	or his assistant if Also, if the directed any kind; (4) nounced death wattendance on themed or final disp
FUNERAL DIRECTOR: IMPORTANT	edical examiner. dical examiner. urns; (3) A fractur ysician who pror was in regular
FUNERA	red by the chief m hospital by a me nature; (2) Body b spt where the ph I (6) No physician
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such extitten approval must be obtained before the remains are embalmed or final disposition is made.

OF 440	BALTIMORE CITY	HEALTH DEPARTMENT		CM 4400M
BIRTH NO. D. 110	CERTIFICA	TE OF DEATH	Registered No.	0/11821
A.E. CASE NO.			D HOUR OF DEATH	
Type or Printl	cipen			itulion: residence belore admission
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If inst	itution: residence before admission
FULL NAME OF (II not in hospital or institution, oddress or location) INSTITUTION	give street	C. CITY OR TOWN (If outs	side city limits, write RU	JRAL and give young hip)
48 MARYLAND GENE	ina L	Raltinger		14-04
70		120 5.	Mount	St
WIDQWE	D, DIVORCED (specify)		ost birthdoy)	If Under 1 Yı. If Under 24 Hr. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND O		11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
	ENERAL	UNKNOUN		U.S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
CRIDER UM	16.	UNKN	~ ~ ~	
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
MNENOWN	218-143-135	Rolfon Iti	11 NUASING	HOME
18. S	CAUSE O	F DEATH		INTERVAL BETWEEN
injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving tise to the above couse (A) stolling the UNDERLYING CONDITION lost.		REBRA! At)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	B. PLACE OF INJURY (e.g., in ne, form, foctory, street, of .)	or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact location)
21 D. TIME (Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.) W	nile At Not While	e		
22. I certify that \$\(\partial(\text{this hospital})\) ottended to			9 /7 to /3	1/ 19 67
that (We) last saw the deceased alive on	/			on death accurred on the de
and hour and from the causes stated above. (				
23A. SIGNATURE	1) (9-e) (ala) (ala-mat) v	lew the body offer deoffi.		23 B. DATE SIGNED
C. E. Detelu	M.D. Atte	ending Med. Director	Stoll Phy s.	12/1/17
23C. PHYSICIAN'S NAME (Type) E DIF	Lici M.D.	Maryland ~	General &	Josh Bull M
24A. BURIAL CREMATION, 24B. DATE 24C.N REMOVAL (Specify) 12-10-67	MA Sache	MATORY 24D. LO	ocation (City	town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME	OF REGISTINAR	25C. FUNERAL DIRECTOR	Klaight 1	des in Doress
/S 150-REV. 1/1/65 1 1967 (1)	& Makey Mal	Thought .	+ungro- sy	recover, 11ch



N	BALTIMORE CITY HEALTH DEPARTMENT	CT 11000
dance on the death. Such	IRTH NO. 67 11828 CERTIFICATE OF DEATH Registered	1No. 67 11828
	A.E. CASE NO. , NAME OF DECEASED  2, DATE AND HOUR OF D	EATH
	Type or Print) SAMUEL T. MURRAY 12/8/67	SIZ PM
	PLACE OF DEATH IN BALTIMORE, MARYLAND	d. If institution: residence before admission)
	A. STATE B. COUNTY	
ĺ	FULL NAME OF (If not in hospital or institution, give street oddress or location)  (If not in hospital or institution, give street oddress or location)  (C. CITY OR TOWN (If outside city limits,	write RURAL and give to inship
1	1143111011014	WHITE KURAL and give township
ľ	MARYLAND GENERAL HOSPITAL BALTIMORE D. STREET ADDRESS (Il rurol, give locotic	on)
H		ve
ı	SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year)	
H	MALE While WIDOWED, DIVORCED (specify) 5-6-11 lost birthdoys	Months Doys Hours Min.
1	MALE WHIRE MARRIED 56  OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	one during most of working lite, even if retired)	WHAT COUNTRY?
	teacher Pulic Schools MARYLAND	USA
	3. FATHER'S NAME	
	SAMUEL T. MURRAY SR. BEATRICE WAShin	JG-78N
	5. Was Deceased Ever in U. S. Armed Farces?  16. SOCIAL  17. INFORMANT  SECURITY NO.	ADDRESS
l	NO 212-10-9340 (wife) LOIS T. Mu	IRRAY ABOVE
	18 CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
ļ	LEADING TO DEATH (A) KUPTURED ABD. AORTIC ANG	EURYSM 1 DAY
ĺ	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. II means the disease,	
Ì	injury or complication which caused death.)  ANTECEDENT CAUSES  (B)  ARTERIOSCIEROS.S	
Ì	ANTECEDENT CAUSES  (B) TRECTOS CHEROSIS  DUE TO	
	DISEASES OR CONDITIONS, if any, giving	
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Ì	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
	12867 Kaptured ARD, ADRIC ANCURYSU NO	o chosts of blant.
	OR CONTRIBUTING CAUSE OF home form factory affice hide INTITITY OCCULTY	oltimore City, give exact location)
	DEATH (notify medical examiner)	
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?	
	(APPROX.)  While At Not While At Work	1 1 12 06.
	Chil	12/8/67 811/M
	and the try that the transfer the decoded that	
		e) apinian death occurred on the date
	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.	DOD DAYE SIGNED
	23A. SIGNATURE  M.D. Attending Med. Stoff	23B. DATE SIGNED
	Phys. Director Phys.	12/8/67
	23C. PHYSICIAN'S NAME (Type)	
	C. Thomas FLOTTE M.D. 827 LINDEN AVE., BA	LTIMORE, Md. 21201
	4A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION	(City, town, or county) (State)
	Burial 12-12-67 Oxford Oxford	exford Md.
	5A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR	ADDRESS
	H. W. Jenkins & Son	s Co. 4905 York Rd.
	\$ 150-REV, 1/1/65	

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BALTIMORE CITY HEALTH DEPARTMENT Regis and No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) HAGNER, JOSEPH 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL BALTIMORE ST. AGNES HOSPITAL D. STREET ADDRESS (If rural, give location) is made S. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE fin years If Under 1 Months Doys WIDOWED, DIVORCED (specify) lost bi oyl WHITE 1/7/88 79 WIDOWED MALE 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLA : (State or foreign conney) 12. CITIZEN OF WHAT COUNTRY? disposition NONE Retired -Hatmaker MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS Hagner CATHERINE WENTZ 15. Was Deceosed Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL 17. INFORMANT or final SECURITY NO. 212-05-9384 ST. AGNES HOSPITAL RECORDS NONE CAUSE OF DEATH 1B. DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This daes not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, gular injury or camplication which caused death.) em ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the the remains UNDERLYING CONDITION lost, ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 0 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) No MEDICAL DEATH (notify medical examiner) obtained 21 D. TIME OF INJURY (Hour) (Month) (Doy) (Year) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While [ (APPROX.) Work At Work 12/6/ 22. I certify that (I) (this haspital) attended the deceased fram 19 67 death); that (I) (we) last saw the deceased alive an pe and that in (my) (our) apinion death occurred on the date and haur ond fram the couses stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Med. Stoff approval Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) AGNES HOSP: CATON & deceased p 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Baltimore /11/67 Burial 7 Holy Redeemer 25A. DATE REC'D BY HEALTH DEPT. H.W. Jenkins & Sons Co.

Institute

Hours

U.S.A.

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

Yr.

If Under 24 Hrs. Hours i Min.

(Stote)

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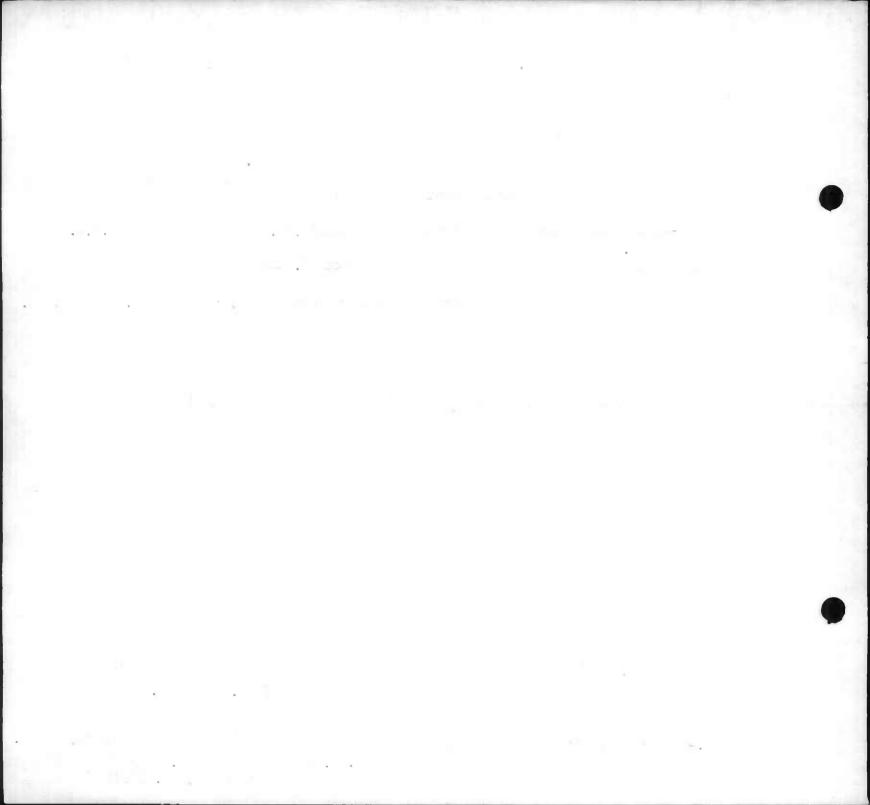
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ST. AGES RISPINATED & MILLIAN FALLS.

67 11830	BALTIMORE CITY	HEALTH DEPARTMENT		67 11000
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	Q1. 11000
M.E. CASE NO.  1. NAME OF DECEASED	0	2. DATE AN	D HOUR OF DEATH	1200
(Type or Print) - (ASEPH KOD)	YEY KICH	= 1:	2-9-67	8 474
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceosed lived. If insti	tution: residence before admission)
FULL NAME OF (If not in hospital or institution, gar	ve street	Md.		
HOSPITAL OR oddress or locotion)	. //	C. CITY OR TOWN (If out	side city limits, write RU	RAL ond give waship
US Puplic Health Derr	ice Hosp.	Baltin	nore	21-21
2 & Vyman Parke Drive	,	D. STREET ADDRESS (If I	urol, give locotion)	1211
Bultimore, Md.		6130	Loch /Car	en Dlud
	DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
111 W M.		4-15-02	65	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF I done during most of working life_even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
CNO- RET U.S.	ARMY	PA.		USA
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	JEROLISME	
ALPKEURTIS KILE		Max.	- III V	iney
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	7. INFORMANT	70.10111	ADDRESS
10.00 10.10	213-10-4720	Absortal	Rosard	
18. 1918 - 1949	CAUSE OF	DEATH	90000	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1 0	4 M	1-1TA 4	ONSET AND DEATH
LEADING TO DEATH	(A) HOW	le Ill Vacata	lial Interclu	on Minutes
(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO		ခြောင်းက — ကလေးသည် လေလလည်းသည်။ ခြောခြောင်းခြေ ခြေချောင်း သည်း မျှော်သည် မျှော်သည် မျှော်သည် မျှော်သည် မျှော်သည်	n n n n n n n n n n n n n n n n n n n
injury ar camplication which caused death.)	A	SP.1/4D		Vann
ANTECEDENT CAUSES	(B) V (			56412
DISEASES OR CONDITIONS, if any, giving				/
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	***************************************	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
		1		. 1
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Lun ol	- And Asma		manth
A DISEASE OR CONDITION CAUSING II.	regnizen	o were one		Months
19A. DATE OF OPERATION 19B. CONDITION FOR WIWAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	10 CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. P	LACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore C	City, give exact location)
	lorm, foctory, street, offi	ce bldg., INJURY OCCUR?	***************************************	ony, give exect toconom
Q 21 D. TIME (Month) (Doy) (Year) (How) 215 to	NJURY OCCURRED	21 F. HOW DID INJU	IBY OCCIUR?	
OF INJURY (APPROX.) While			JRT OCCUR:	
(APPROX) Work	At Work			
22. I certify that (N (this haspital) attended the	deceased fram		9 67 to Dec	19.6/
that (N (we) last saw the deceased alive an	Dec.7	19 6 and tha	it in (mx) (aur) apini	an death accurred an the date
and haur and fram the causes stated above. (N	(We) (did) (did not) vi	ew the bady after death.		
23A. SIGNATURE	0		2	3B. DATE SIGNED
William 2000	M.D. Atten	ding Med. Director	Stoff Phy s	10 Dec 6/
23C. PHYSICIAN'S NAME (Type)	23	D. ADDRESS	11 -	
William L Wilkie	M.D.	Same a	5#5	
24A. BURIAL CREMATION, 24B. DATE 24C. NAN REMOVAL (Specify)	AE OI CEMETERY OF CREA	AATORY 24D. LO	CATION (City.	town, or county) (Stote)
77 1 4	Ctimore Nation	nal Ral	timore	Md.
	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
AER TT 1901 (Pring.	C. Vankey Ha	H.W. Jenkins &	Sons Co. 49	US York Koad
VS 150-REV. 1/1/65			Baltimore,	Md. 21212

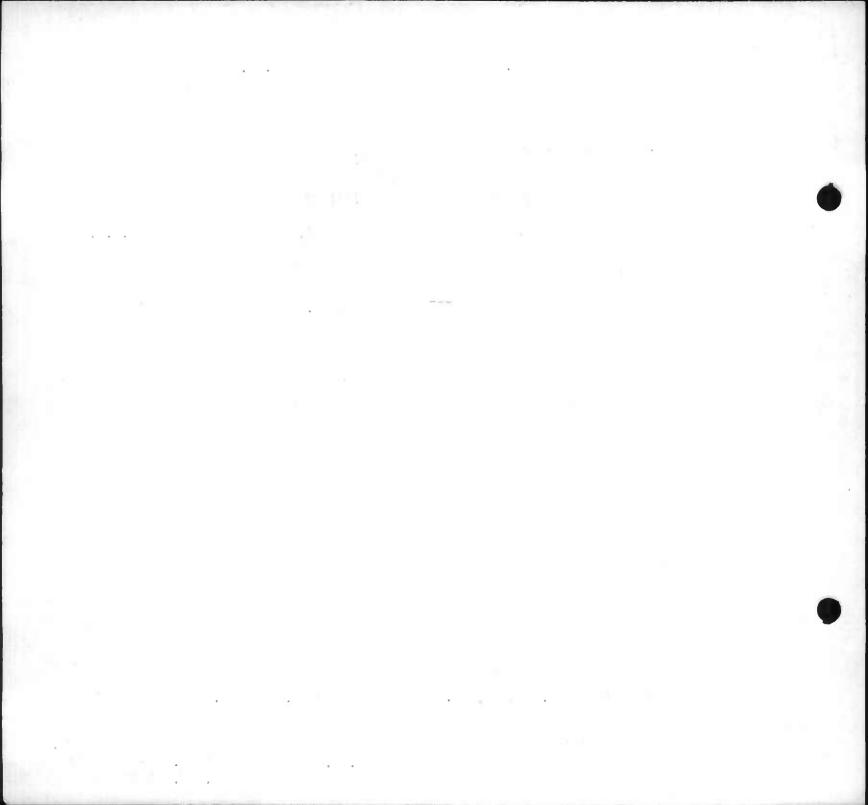
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		OP	1100		HEALTH DEPARTM		67 11831
	H NO. . CASE NO.	67	1183	1 CERTIFICA	TE OF DEA	TH Registered No	. Of ILOUI
1, N	AME OF DECI	ASED			2. D	ATE AND HOUR OF DEAT	н
(Type or Print) Valeria G. Mengel				December 7, 196	67 SF30 P		
3. P	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENC	E (Where deceased lived, If	institution; residence before admission
	ULL NAME O	F (If not in hospital	or institution of	aug cheat	Pennsylvi		
1	OSPITAL OR	oddiess or location		give Sileer		(If outside city limits, write	RURAL ond give township)
- 11	/ /	Union Memo	orial Ho	spital	New Berl		11-35
44		D. STREET ADDRESS		1			
			600 Mark	et St.			
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H. Months: Doys Hours Min.
	F	W		or DIVORCED (specify)	2/8/1894	lost birthdoy	Months Doys Hours Min.
				BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF
		varking life, even if retired) istered Nurse		Nursing	Sunbury,	Da	U.S.A.
	ATHER'S NAM			Nucerty	14. MOTHER'S MAID		u.s.n.
	Lewis/M				Grace 0.	Mng	
		Ever in U. S. Armed Fore		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	,		None	Olley Funer	al Home. 539 Ro	ace St. Sunbury. Po
	18. 🗢 👨	/ X I		CAUSE C	F DEATH		INTERVAL BETWEEN
٧.	DISEAS	E OR CONDITION DIR	ECTLY				ONSET AND DEATH
		LEADING TO DEATH		(A)	Hus to	weder Cald	
	LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc., It means the disease, injury ar complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obave cause (A) stoting the UNDERLYING CONDITION lost.			The			
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		NTECEDENT CAUSES		(B)/	welled	Cerebrol	
	DISEASES O	R CONDITIONS, if	onv. giving	DUE TO	^		
	rise la lhe	obave cause (A)		(C)	emouls	×.1	
	UNDERLYING	CONDITION lost.				U	
z	OTHER SIGNAL		ONTRIBUTING				
110	TO THE DE	FICANT CONDITIONS C EATH BUT NOT RELA	TED TO THE				
CA	19A. DATE OF	CONDITION CAUSING I		VHICH OPERATION	20 A. AUTOPSY? (Ye	as or No. 208 IE VES WEB	E FINDINGS CONSIDERED
ERTIFIC	A	WAS PERF		VHICH OFERATION	704. VO 10131:116		AUSES OF DEATH?
CER	21A, ACCIDEN	T WAS UNDERLYING	218	PLACE OF INJURY (e.g., i		DID (If in Rolling	ore City, give exact location)
AL	OR CONTRIBU	TING CAUSE OF	hom etc.)	e, form, foctory, street, o	fice bldg., INJURY OC	CUR?	one only, give exoct locosons
0		medical examiner)					
(ED	21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		DID INJURY OCCUR?	
>	(APPROX)		Whi	le At Not Whi			
	22 1	al as (I) (alsta la actual			0. 01 1	Mari Gila	my milital
		that (I) (this hospital			it is	10 Lavet	I of their tem
	that (I) (we)	last saw the decease	d alive and	Homine B	allo to	and that in (my) (aur)	pinique death accurred an the
	and haur and	fram the causes stat	ed abave. (I	) (We) <del>(did) (</del> did nat) :	view the bady after	death.	· ·
	23A. SIGNATU						23B. DATE SIGNED
		Malu.	9 Hel	M.D. All	ending Med.	Stoff Phys.	Ulec & 1967
	23 C. PHYSICIAI	NS 2	1300		23D. ADDRESS		
	NAME (Ty		ills			18 E. Eager	St.
				M.D.			
24A	REMOVAL (S	AATION, 248. DATE	24C. N.A	ME of CEMETERY OF CR	EMATORY	24D. LOCATION	City, town, or county) (State)
200	nBuria		g fet o	ut cida		Shamokin Dam, S	Snuder County. 1
	DATE REC'D		25B. NAME O	F REGISTRAR	25C. FUNERAL DI	RECTOR	3,00,000
		ULC 11 1967	Or O	8 8 F. Q.M.	n. w. Jen		. 4905 York Road
			7.7	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Baltimore,	Md. 21212
/s ·	50-REV. 1/1/6						



	OP		HEALTH DEPARTMENT	67 11832			
	BIRTH NO.	11832 CERTIFICA	TE OF DEATH Registered No.	0 / 2.2.000			
	1. NAME OF DECEASED	I, NAME OF DECEASED  2, DATE AND HOUR OF DEATH					
		D. Kennedy	Dec. 6, 1967	530 P M.			
	3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where deceased lived. If i	nstitution; residence before admission)			
	FULL NAME OF (If not in hospital or ins	stitution, give street	Maryland				
	MOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, write	RURAL and give township)			
Ď	000000000000000000000000000000000000000		Baltimore  D. STREET ADDRESS (If rural, give location)	160			
	218 Homewood Terr	iace	D. STREET ADDRESS (If rurol, give location) 218 Homewood Terrace				
3	5. SEX   6. RACE   7. N	AARRIED, NEVER MARRIED					
2	F (d) V	VIDOWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min.			
2	10A, USUAL OCCUPATION (Give kind of work 10B.	Married KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF			
5	done during most of working life, even if retired)			WHAT COUNTRY?			
	Housewife (	Dwn Home	Baltimore, Maryland	U.S.A.			
2							
2	Cyrus Kennedy		Florence Face				
3	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
	No		Walter E. Kennedy	(Same)			
5	18. / 6 5 / 1	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH			
3	DISEASE OR CONDITION DIRECTI	Y M	etastatic carcuma				
	(This does not meon the mode of dying	ig, e.g., DUE TO	Hung - Original Humo - Site unknown	De 20			
3	hearl failure, asthenia, etc. It means the injury or complication which coused deat	2 mos.					
	ANTECEDENT CAUSES	m					
D	DISEASES OR CONDITIONS, if ony,	DISEASES OR CONDITIONS, if ony, giving					
2	rise to the obove couse (A) state UNDERLYING CONDITION lost.	rise to the obove couse (A) stoting the (C)					
	II						
	OTHER SIGNIFICANT CONDITIONS CONT.	RIBUTING					
2	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE					
		ON FOR WHICH OPERATION	IN CERTIFYING CA	FINDINGS CONSIDERED			
0	# O		No				
0	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	re City, give exact location)			
2	U						
9	OF INJURY	While At Not While	21F. HOW DID INJURY OCCUR?				
3	(APPROX)	Work At Work					
2	22. I certify that (I) (this haspital) att		March 10 1957 to De	C 6 1967,			
2	that (I) ( <del>we)</del> lost sow the deceased oli	ive on URC 4	19 6 7 ond that in(my) ( <del>oor</del> ) op	inion death occurred on the date			
0	and hour and from the causes stated a		riew the body ofter death.				
2	23A. SIGNATURE		S. "	238, DATE SIGNED			
5	UG1841 038	man M.D. Alle Phys		12-7-67			
	23C. PHYSICIAN'S NAME (Type) Alfred G. O.	ssman Gr.	1101 St. Paul St.	/			
2		м.в.					
3	24A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY of CRE	EMATORY 24D. LOCATION (C	ity, lown, or county) (Stote)			

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (St. Burial 12/9/67 New Cathedral 25A. DATE RECID BY HEALTH DEPT. 25B. NAME OF REGISTRAR 15C. FUNERAL PRECIDER & Sons Co. 4905 YOUR ROAD Balto. Md. 21212



25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

25B. NAME OF REGISTRAR

0		TY HEALTH DEPARTMENT	67 11833					
)	BIRTH NO. 67 11833 CERTIFICA	ATE OF DEATH Registered No	01 11090					
	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
	ALICE VALLEY CHIMI UNID	12-8-67	16:05 A.					
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institu A. STATE B. COUNTY	tian: residence befare admission)					
- 1	FULL NAME OF (If not in haspital or institution, give street	MARYLAND						
	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RUR)	AL and givenowitship)					
	44	D. STREET ADDRESS (If rurol, give locotion)	4/-/6					
	UNION MEMORIAL HOSPITAL	113 CASTLEWOOD RO	AD					
0	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If	Under 1 Yr. If Under 24 Hrs.					
E	FEMALE CAUCASIAN WIDOWED, DIVORCED (specify)	11-16-11 last birthdoy) M	onths Days Hours Min.					
N	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State ar fareign country)	2. CITIZEN OF					
0	done during most of working life, even if retired)	Madrida	WHAT COUNTRY?					
positio	HOUSEWIFE N.A.	VIRGINIA  14. MOTHERS MAIDEN NAME	U,S,A					
00	13. PAINERS NAME	14. MOTHERS MAIDEN NAME						
S	LEVI VALLEY	MARGARET SHART	9					
=	15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknawn) (If yes, give war or dotes af service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
TILL	NO UNKNOWN	HOSPITAL ADMISSION	J HISTORY					
0	18.3 2 5 X CAUSE		INTERVAL BETWEEN ONSET AND DEATH					
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2/10/01/01/01/01/01/01	10 0110					
E	(This does not mean the made of dying, e.g., DUE TO	VI SALENIE VIEW NA	18 DAYS					
рашва	heart foilure, osthenia, etc. It means the disease,	0.1						
E II	injury or camplication which caused death.)  ANTECEDENT CAUSES (B)	Julmonary tibrosis						
0	DISEASES OR CONDITIONS, if any, giving	/ )						
S	rise to the obove cause (A) stating the (C)UNDERLYING CONDITION last.		CG Gen					
remains								
Ē	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
7	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
Lue	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION WAS PERFORMED  12-7-67	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED					
0		LEST YES						
Detore the	OR CONTRIBUTING CAUSE OF  OBATH (notify medical examiner)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	ty, give exact location)					
	D	21F. HOW DID INJURY OCCUR?						
Deulo	While At Not W	hile —						
010	Work At Wo		140000 0 10					
22. I certify that (I) (this haspital) attended the deceased fram NOVEMBER 30 1967 to DECEMBER 8 that (I) (we) last saw the deceased alive an DECEMBER 8 1967 and that in(my) (aur) apinian death accurred a								
00			n death accurred an the date					
ST	and have and from the causes stated above. (1) (We) (did) (did nat)							
E	23A. SIGNATURE	Manadana — Sault Sal	B, DATE SIGNED					
	10. E, Cathey	hys. Med. Stoff Phys.	12-8-67					
0	23C. PHYSICIAN'S NAME (Type)	23 D. ADDRESS						
en approvat must	B. E. CATHEY M.E	UNION MEMORIAL	HOSPITAL					
0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C		lown, or county) (State)					
	Runial 12/11/67 Druid Ridge Pikesville, Balto, Co., Md.							

H.W. JENKINS &

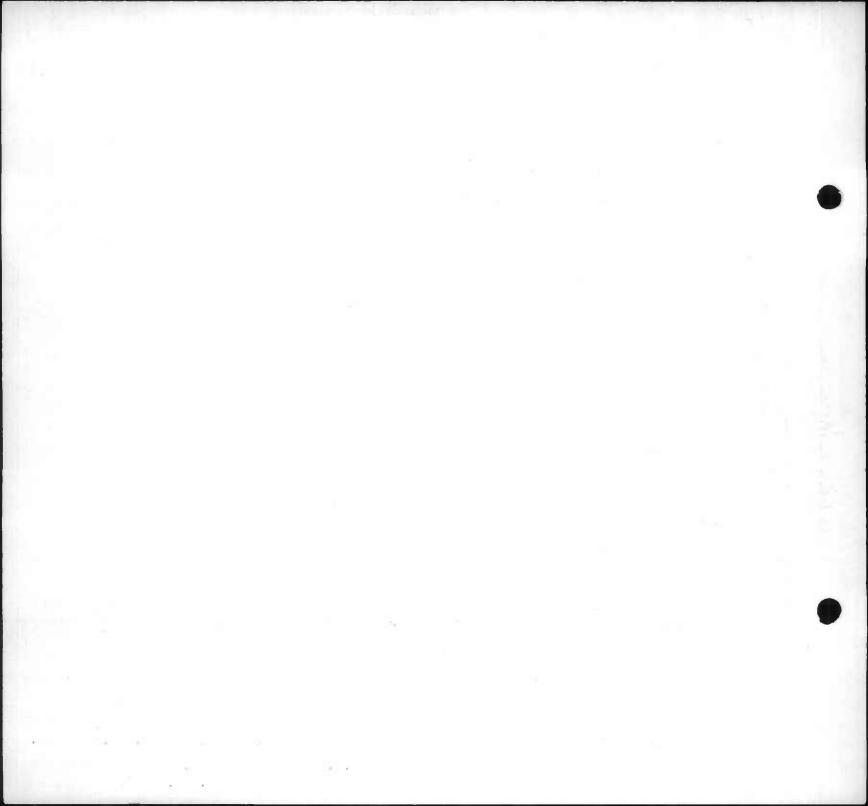
York Road

Co.

Balto. Md. 21212

Sons

4905



			HEALTH DEPARTMENT		
100	TH NO. 67 112	334 CERTIFICA	TE OF DEATH Registered No.	. 67 11834	
1,	NAME OF DECEASED		2. DATE AND HOUR OF DEAT	н	
(T)	Ralph A.	Garner	December 7, 1967	9:34 DM	
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If		
	FULL NAME OF (If nat in haspital ar institut	ion give street	Maryland		
	HOSPITAL OR oddress of location) INSTITUTION	ion, give sheet		RURAL and give tawnship)	
	, /		Baltimore	12-01	
	44 Union Memorial	Hospital	D. STREET ADDRESS (If rural, give lacotion)		
	7 1		3810 Greenmount Ave.		
5.	WIDO	WED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years last birthdoy)	If Under 1 Yi. If Under 24 His. Manths: Doys Hours Min.	
	M W M	arried	5-8-1893 74		
	A USUAL OCCUPATION (Give kind of work 10 B. KIN) ne during mast of working lite, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
		struction	Md.	USA	
13	FATHERS NAME		14. MOTHER'S MAIDEN NAME UNKNOWN 17. INFORMANT ADDRESS Mrs. Evelyn C. Garner (Same)		
	George Garner				
15. (Y	Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.			
	yes ww1	220-07-1478			
	18. 4 20.11	CAUSE O	M.	INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH	
	LEADING TO DEATH	(A)	Coronary Ocologism	Longodiafe	
	(This does not mean the mode of dying, heart foilure, osthenia, etc. It means the dise	e.g., DUE TO ase,	Coronary Ocologism		
	injury or complication which caused death.)	15	CV Siseare	5-6 y.	
	ANTECEDENT CAUSES	DUE TO			
	DISEASES OR CONDITIONS, if any, gi	. "			
	UNDERLYING CONDITION lost.	(6)			
_	OTHER SIGNIFICANT CONDITIONS CONTRIBL				
ATION					
		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	F FINDINGS CONSIDERED		
ERTIFIC	WAS PERFORMED	No IN CERTIFYING C	AUSES OF DEATH?		
CALCE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	21 B. PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (If in Boltime	ore City, give exact location)	
MEDIC	21 D. TIME (Month) (Doy) (Year) (Hour)	While At Not While Wark At Wark			
		TTUK LI AT WORK			

ond that in(my) (aut) opinion death accurred on the date and hour and from the causes stated above. (1) (We) (did not) view the body after death.

33.3101121012	The D. The	M.D.	Attending Phys.	Med. Director
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	

Philip D. Flynn 11 E. Chase St. M.D.

24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify)

24D. LOCATION

Stoff Phys.

(City, town, or county) (Stote) Md/

12-8-67

12-11-67 Loudon Park 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

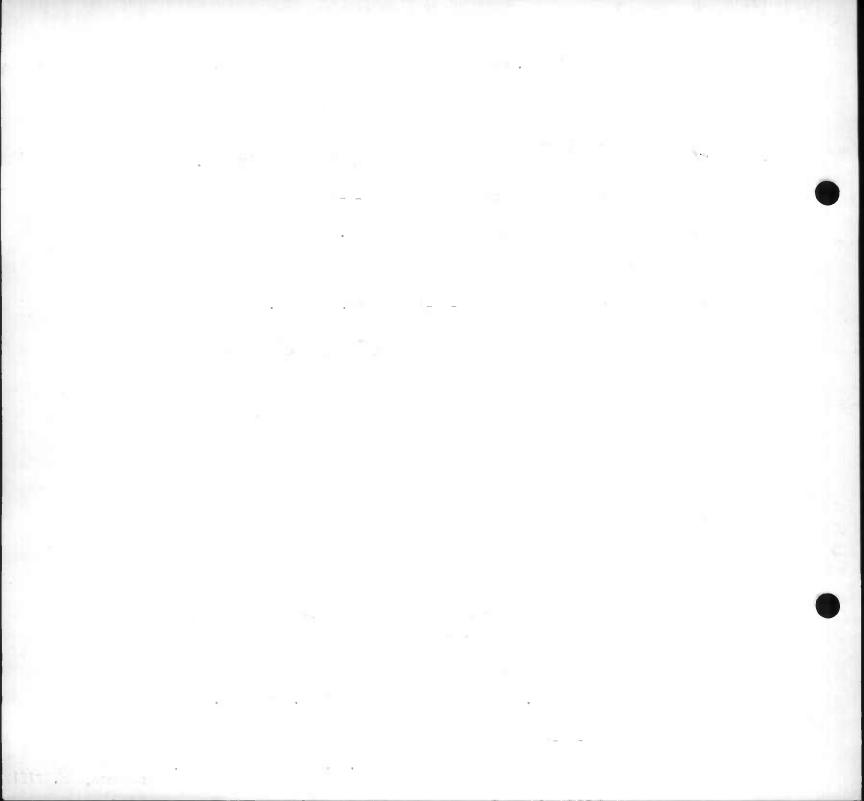
25C. FUNERAL DIRECTOR H. W. Jenkins & Sons Co. 4905 York Road

Baltimore

VS 150-REV. 1/1/65

Baltimore, Md. 21212

23B. DATE SIGNED



	CAL EXAMINATES C	LKIIICA	IL OI DEATH RESISTERED IN	
M.E. CASE NO.  1. NAME OF DECEASED		<del></del>	2. DATE AND HOUR PRONOUNCED DE	TAD.
(Type or Print)	CHAMBERL	A TN	December 10, 1967	1:20 A.
LEROY  3. PLACE IN BALTIMORE, MARYLAND, W				M.
S. FLACE IN BALTIMORE MARILAND, W	HERE PRONOUNCED DEAD		ENCE (Where deceased lived, If institution:	
FULL NAME OF (IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Maryl	and WN (If autside corparate limits, write RURA	Tartora w
HOSPITAL OR ADDRESS OR LOCA	TION)	C. CITT OK 10	All doiside corporate minis, while koka	at and give id witship/
2			Joppatowne	21085 02-00
Johns Hopkins Hospit	al (DOA)	D. STREET ADD	201	,
Johns Hopkins Hospit	car (Bon)		1045 Plaza (irc	le
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRT		Inder 1 Yr. If Under 24 Hrs. https://doi.org/10.1001/10.1001/10.
Male White	WIDOWED, DIVORCED (specify)	May 22	10211	Till's Day's 1 Hoors 14th.
10A, USUAL OCCUPATION (Give kind of work	10B. KIND OF BUSINESS OR INDUSTR	TY 11. WIRTHPLACE	(Stofe or foreign country) 12.0	CITIZEN OF
done during most of warking life, even if retired)	1 . 21 .	M	. / /	WHAT COUNTRY?
13. FATHER'S NAME	Auto Plant	14. MOTHER'S M	arylana	UST
0	0 (1 1 1 .	14.1410111EK 3 141	M · O	11
Benjami	n J. (hamberlain		Marion 4. 1	Tagerman
(Yes, no or unknown), (If yes, give wor or dote		17. INFORMANT	ADD	PREST
No		Mrs. Mi	ldred (hamberlain	(Same)
118.	CAUS	E OF DEATH	carea (reamoscase	INTERVAL BETWEEN
E812 T		E OI DEAIII		ONSET AND DEATH
DISEASE OR CONDITION DI LEADING TO DEATH			4.2	
(This does not mean the made of	dving e.g. (A) MULL	iple Inju	ries	
heart failure, asthenia, etc. It means injury ar complication which caused	the disease, death.)			
ANTECEDENT CAUSES	(B)	*************************		
DISEASES OR CONDITIONS, IF A				
UNDERLYING CONDITION LAST.	(6)			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REI DISEASE OF CONDITION CAUSING TO THE DEATH BUT NOT REI DISEASE OF CONDITION CAUSING	\\ \( \sigma \)			
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING			
TO THE DEATH BUT NOT RE	LATED TO THE			
DISEASE OR CONDITION CAUSING		Too A AUTOBOY	O (V AL ) TOOD HE WEEL WEEDE SINIPLINE	OC CONCIDENCE
19A. DATE OF OPERATION 19B. CON			? (Yes at No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	
	The state of the state of	No	(4)	
✓ 21A, EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB-	hame, form, factory, street,	office bldg. INJURY	WHERE DID (If in Boltimare City, give exc Y OCCUR?	
UTING CAUSE OF DEATH.	etc.) street	R	oute 40 - ½ mi.E. of	Jones Road
21D TIME (Month) (Day) (Year	(Hour) 21E. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?	62-00
OF INJURY (APPROX.) 12/10/67 12	:38 Am. WHILE AT NOT AT V	WHILE X	Pedestrian struck by	
22,	. 30 Am. WORK AT V	WORK		
I certify that I held an I	ngulry Inspection X Au	otapsy an	d that an this basis, death In my opi	inlan
resulted fram: Natural car	uses Accident X Suicie	de Hamici	ide Undetermined manner	
			EDICAL EXAMINER	
ACTUAL /1/00 A. C.	1000		EDICAL EXAMINER X	DATE SIGNED
SIGNATURE LUCALIZATION	M.E			12/10/67
EXAMINER'S Werner	U. Spitz, M.D.	ASSOCIATE N	MEDICAL EXAMINER	12/10/07
NAME (Type)  23A, BURIAL CREMATION, 23B. DATE	23C NAME OF CEMETERY	OF CREAM ATORY	23D. LOCATION (City, town,	, or county) (State)
REMOVAL (Specify)	23 CAPAME OF CEMETER			
Burial 12/13	167. Parkwood	emetery	Baltimore, 1	IId.
24A. DATE REC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS
UEC 1 1 1967 (1)	Gerb E. Janbertha	Lagna	Baltimore, 1 al Director rd J. Ruck, Inc. Bal	to.Md. 212111
-		Leona	tu jo muck, sicobac	7
VS 151-REV. 1/1/65	2 20 11 11 11			

## 67 11836 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 11836

	CASE NO.								
1. NA	or Print)	C.	M.		2.	DATE AND	HOUR PRONOUNC	ED DEAD	
. , , .		EPHINE	PRIVIT	ERA		Dece	mber 10, 19	967	8:14 p M.
3. PL A	ACE IN BALTIMORE, N				4. USUAL RESIDEN	CE (Where d	eceosed lived. If inst	itution: reside	nce before odmission)
					A. STATE		B. COU		
HOSP	NAME OF (IF NO	RESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN	(If outside	d corporate limits, write	RURAL one	give township)
14	Olon				D. STREET ADDRES	altimo	re 21206		21-01
0	Union Memor	ial Hos	pital	D.O.A.	d. STREET ADDRES				
5, SEX	6. RACE		7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH	Julier	9. AGE (In years	If Under	Yr. If Under 24 Hrs.
11		ite	WIDO WED,	DIVORCED (specify)	Feb. 15, 1	.917.	last birthdoys	Months D	Poys Hours Min.
10A. U	SUAL OCCUPATION	Give kind of wor		BUSINESS OR INDUSTR				12. CITIZEN	I OF
done d	luring most of working life, aleslady			etics	Mary			WHAT	USA
	THER'S NAME				14. MOTHER'S MAIL	EN NAME			
		Joseph	Vetri				Frances	P. Bal	Lbo
15, W	AS DECEASED EVER IN	U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	77.5		ADDRESS	
(Tes, n	No (If yes, gi	ve wor or dote	s of service)	220-09-4465	Mr. Joseph	Privi	tera	(Sa	ume)
18	· 21 11 3 V	7		CAUSE	OF DEATH				NTERVAL BETWEEN
	7491								ONSET AND DEATH
	DISEASE OR CO	DUDITION DI	RECTLY	**				2 7 1	
		G TO DEATH		(A) Hype	ertensive A	rterio	sclerotic		************************
	(This does not meon the mode of dying e.g., heard foilure, ostherio, etc. It means the disease, injury or complication which coused death.)  Cardiovascular Disease								
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO								
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE								
	UNDERLYING CON								
Z	(C)								
H		11							
<b>*</b>	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE								
프	TO THE DEATH I			HE					
E 10	A. DATE OF OPERATION	120A ALITOPEY2 (V	or or No. Is	OB. IF YES, WERE FII	NDINGS CO	NCIDEDED			
CERTIFICATION	A. DAIL OF OFERAIN	No.		N CERTIFYING CAU					
₹ 21	A. EXTERNAL CAUSE		21 B.	PLACE OF INJURY (e.g.,	, in or about 21 C. WHERE DID (If in Boltimore City, give exact location)				otion)
OU	2TA, EXTERNAL CAUSE WAS  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)  UNDERLYING OR CONTRIB-  UTING CAUSE OF DEATH.								
_			A) (H, A) In	TE, INJURY OCCURRED	215 404	DID IN III	RY OCCUR?		
ő	FINJURY	(Day) (Yeo				וחנאו מיק	KI OCCOK!		
(4	(APPROX.)  WHILE AT NOT WHILE AT AT WORK								
2:	22. I certify that I held an Inquiry Inspection X Autopsy and that on this basis, death in my aplaion								
	resulted from:		177		. , –				
	resulted from:	1 1010101 60	USES41	ccident Suicid			ndetermined monne	et	
	ACTIVITY (	1		1.10	CHIEF MED				DATE SIGNED
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED							DATE STORED	
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER								
	NAME (Type)	Edward	F. Wils	son, M.D.				Decemb	er 11, 1967
23A.	BURIAL CREMATION,	23B. DATE		C. NAME OF CEMETERY	OF CREMATORY	23 D. LO	CATION (City,	town, or co	unty) (Stote)
REMO	Burial	12/15	/67.	Holy Redeemer	Cemetery		Baltimor	re, Md.	
24A, I	DATE REC'D BY HEALT	TH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERAL	DIRECTOR			DRESS
				4 60 -			k, Inc. Bal	to. Md	2121)
	DEC	1 1967	1201	5 Jan 12 19 19 19 19 19 19 19 19 19 19 19 19 19					

VS 151-REV. 1/1/65

Wildow Pab. 15, 1917.

Commetton Harriand on Linux Commetton

220-d)-Line No. downs Printers

Anglet Comment Comment College College

Succeed I. Such, East, relitor, etc., \$121a.

BIRTH NO.

		67 1	1837	BALTIMORE CITY HEAL	TH DEPARTMENT		-	67 11	000
BIRTH	NO.			AMINER'S CE		OF DE	ATH Register	red Na.	03/
M.E.	CASE NO.								
I. NA	ME OF DEC	EASED			2.	DATE AND HO	UR PRONOUNCE	D DEAD	
11,700		MARIE K. CRI	EDITO			Decemb	er 7, 196	7 1 7:5	5 p M.
3. PLA	CE IN BALTI	MORE, MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RESIDEN	CE (Where dece	B. COU	tution: residence before	
FULL I	NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	Mary	land	parata limite unita	RURAL and give to	huma biol
INSTIT	TAL OR UTION	ADDRESS OR LOC	ATION		C. CIII OK IOWI	(1) 0013100 001	21206	NO KAE GIIG SA	7-17
1	LiL				Baltin D. STREET ADDRES			nc	106
17	Un:	ion Memorial	Hospita	11		3 Cook A			
5. SEX	-	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9	. AGE (In years	If Under 1 Yr. If	Under 24 Hrs.
Fem	210	Whitet		DIVORCED (specify)	May 17, 1	1922.	ast birthday) 45	Months, Days H	ours Min.
10A. U	SUAL OCCU	PATION (Give kind of we	ork 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto	/		12. CITIZEN OF	
	Touseu	orking life, even if retired			Per	nna.		WHAT COUNT	TRY?
	THER'S NAM	EU			14. MOTHER'S MAIL	DEN NAME		11	
		Jose	ph Kris	her		///	arie We	lteroth	
		EVER IN U.S. ARM		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	Yes	W W 2		177-12-269	7 Mr. (a	rmen (r	edito	(San	ie)
18.		14		CAUSE	OF DEATH				AL BETWEEN
	DISEAS	E OR CONDITION I	OIRECTI Y					ONSET	AND DEATH
		LEADING TO DEAT	'H	(A) Mult	iple traum	atic inj	uries		
	he ort failure.	ot mean the mode of asthenia, etc. It mean uplication which caused	ns the discose,	DUE TO		3			
	injuly of con	priceron which couse	deom.						
		NTECEDENT CAUS OR CONDITIONS, IF		(B)					
	RISE TO THE	ABOVE CAUSE (A)	STATING THE	DOE 10					
Z	ONDEREIM	o condition tast	•	(C)					
E		II							
0		IFICANT CONDITION DEATH BUT NOT F							
CERTIFICATION	DISEASE OR	CONDITION CAUSIN		WHICH OPERATION	LOOA ALITOPSYZ ()	Var or Na) 120R	IE VEC WEDE EIN	NDINGS CONSIDERI	FD.
- E	A, DAIL OF		RFORMED	WHICH OFERATION			ERTIFYING CAUS		
¥ 21	A. EXTERNAL	CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i	n or about 21C. WH	ERE DID (If in	YES Boltimore City, giv	ve exoct location)	
		OR CONTRIB-	home etc.)	, form, factory, street, o	ffice bldg., INJURY O	CCUR?		D11	7-34
7	DTIME	(Month) (Doy) (Ye	or) (Hour) 2	Street		nkiora a	nd Walthe	r Biva.	197
OF	PPROX.)				WHILE X			n auto-aut	0.0044
22		12 7 67	7:30p m. V			Subject	Garrer I	n auco-auc	o coata.
**	1 certi	ify that I held an	Inquiry	Inspection Aut	apsy X and t	hat an this bo	isis, death in m	y opinian	
	result	ed from: Natural c	auses 📗 🚣	ccident X Suicide	e Hamicide	Unde	termined manne	or _	
		2	11	-		DICAL EXAMI		DATE	SIGNED
	SIGNATU		19 4 1	MISC M.D.	ASSISTANT MED	DICAL EXAM	NER XX		. SI GILLE
	EXAMIN	ER'S			ASSOCIATE MED	DICAL EXAM	INER		
22.4	NAME (T			SON, M.D.	CDELLATORY	23D. LOCA		December 8,	1967 (State)
	VAL (Specify)		23		1 6	0	altimore	A	(Sidie)
1	surial	12/12	2/0/. B		tional (e		uccumone		
24A. [	DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL		10	ADDRESS	21211
	D	EC 11 1967	Robert	E. Falleyna	Leonard	d J. Ru	ck, Inc. L	Balto.Md.	21214
VS 15	1-REV. 1/1/6	5 1/6	0 0						

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>	BINH NO. 67 11838 CERTIFICA	TE OF DEATH Registered No.	7 11838						
	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH							
	(Type or Print) CYRIL V. ERNI SR.	12-8-67	8 15 P						
- 1	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If insti	itution: residence before admission)						
		MARYLAND							
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write RU	IRAL and give towashin						
	THE JOHNS HOPKINS HOSPITAL	BALTIMORE	27-51						
	THE SOUNS HOLKING HOSPITAL	D. STREET ADDRESS (If rurol, give lacation)							
ô	23	1809 REMBLEWOOD ROAD	21214						
BBE	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.						
	MALE WHITE MARRIED	7-10-05 62	Months Days Hours Min.						
2	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF						
0	done during most of working life, even if retired)  Retired Major (USAF)	Maryland	WHAT COUNTRY?						
2	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME							
b	EMIL ERNI	Maybelle							
0	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS						
3	(Yes, na or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mrs. Alice A. Erni	(Same)						
			,						
0	DISEASE OF CONDITION DIRECTLY	F DEATH	ONSET AND DEATH						
5	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AL FAILURE & PERITONITI	S ABOUT 3-5 DAYS						
E	(This does not mean the made of duing on		5 F(120 V ( 3 2 DA()						
0	heart failure, osthenia, etc. It means the disease, injury ar camplication which caused death.)	ARCTED + NECROTIC (R)							
E		N OF TERMINAL ILEUM							
9	DISEASES OR CONDITIONS, if any, giving								
0	rise to the obove cause (A) stoting the (C) TROBI	ABLY EMBOLI FROM THUR ADRIC ANEURYSM	CC						
	UNDERLING CONDITION Idsi.	HURTIC ANEURYSM							
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	LE PNEVMONIA ÉSERSIS	>						
0	AVENRYSM & BOWEL INFARC	11/27 & 12/5 WAS PERFORMED O THORACIC ADETIC							
Tore	OR CONTRIBITING CAUSE OF								
90	DEATH (notify medical examiner) etc.)								
9	21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?								
	(APPROX.) While At Not While At Work	;							
5	22. I certify that (I) (this hospital) attended the deceased from	11/27 19 67 10 1	28 1967.						
D D	that (I) (we) lost saw the deceased alive on 12/8/67	19and that in (my) (aur) apini							
<u> </u>		and hour and from the couses stated above. (f) (We) (did) (did not) view the bady ofter death.							
2	23A. SIGNATURE		3B. DATE SIGNED						
=	Mark B. Orruger M.D. Atter	nding Med. Stoff, Phys.	12/8/67						
<b>3</b>		23D. ADDRESS							
5	MARK B. ORRINGER M.D.	THE JOHNS HOPKINS HOS	CDITAL						
2	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CRE		SPITAL (State)						
	Burial 12/12/67. Baltimore Nations	The state of the s							
	25A. DATE REC'D BY HEALTH DERT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	A DDRESS						
	DEC 11 1961 Only E. Jaken	Leonard J. Ruck, Inc. Balt	o.Md. 21214						
Į,	VS 150-REV. 1/1/65	1 1							

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67 118	339 BALTIMORE CITY	HEALTH DEPARTMENT		67 11839			
SIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	01 11000			
M.E. CASE NO.  1, NAME OF DECEASED (Type of Print) ROY A. MATH	ENY		NO HOUR OF DEATH	1967 5 500			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh	ere deceased lived. If in	stitution: residence before admission)			
FULL NAME OF HOSPITAL OR Oddiess of locotion)  (If not in hospitol of institution oddiess of locotion)  (INSTITUTION MEMORIAL H		A. STATE B. COU  MARYLAND C. CITY OR TOWN (IF o  BALTIMORE D. STREET ADDRESS (IF		EURAL ond give wonship)			
14		826 UNION A	HVENUE				
M W WIDOW	red, divorged (specify)	B. DATE OF BIRTH 9 19 1897	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.			
done during most of working life, even if refired)  RETIRED (Hope Gas	(0.)	11. BIRTHPLACE (State of for	eign country)	12. CITIZEN OF WHAT COUNTRY?			
JAMES L. MATHE	NY	MATHILDA					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
Unk.	4 44 10	Mrs. N. Oliv	e Mathebu	(Same)			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH			
(This daes nat mean the made of dying, e.g hearl foilure, osthenio, etc. It means the diseas injury or complication which coused death.)	DUE TO	rebal the	erebralary	en			
ANTECEDENT CAUSES	DUE TO	D 1.					
DISEASES OR CONDITIONS, if any, givin rise to the above couse (A) stating the UNDERLYING CONDITION lost.		( whomay	Chi like	Mes			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	Yes or N	O) 20B. IF YES, WERE !	FINDINGS CONSIDERED USES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	1B. PLACE OF INJURY (e.g., in ome, form, factory, street, off tc.)	office bldg., INJURY OCCUR?					
₩ OF INJURY	Vhile At Not While At Work	21 F. HOW DID IN	JURY OCCUR?				
22. I certify that (I) (this haspital) attended	the deceased from	DECEMBER 5	19 64 to DEC	EMBBR 9 19 67			
that (1) (we) lost sow the deceased alive on	that (1) (we) lost sow the deceased alive on DECEMBER 1 19 64 and that in (my) (aur) opinion death occurred on the date						
and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death.							
23A. SIGNATURE G. Walle	M.D. Atte	nding Med. Director	Stoff Phys.	Dec 9, 1967			
23C. PHYSICIANS NIEVA G. VAL		UNION I	MEMORIAL HO	SPITAL			
24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME of CEMETERY or CRE			ly, lown, or county) (State)			
Burial 12/12/67. (	opelin (emet		Harrison (				
DEC 11 1967 Recub	E STANKEY MA	Leonard J.	Ruck, Inc.	Balto.Md. 21214			
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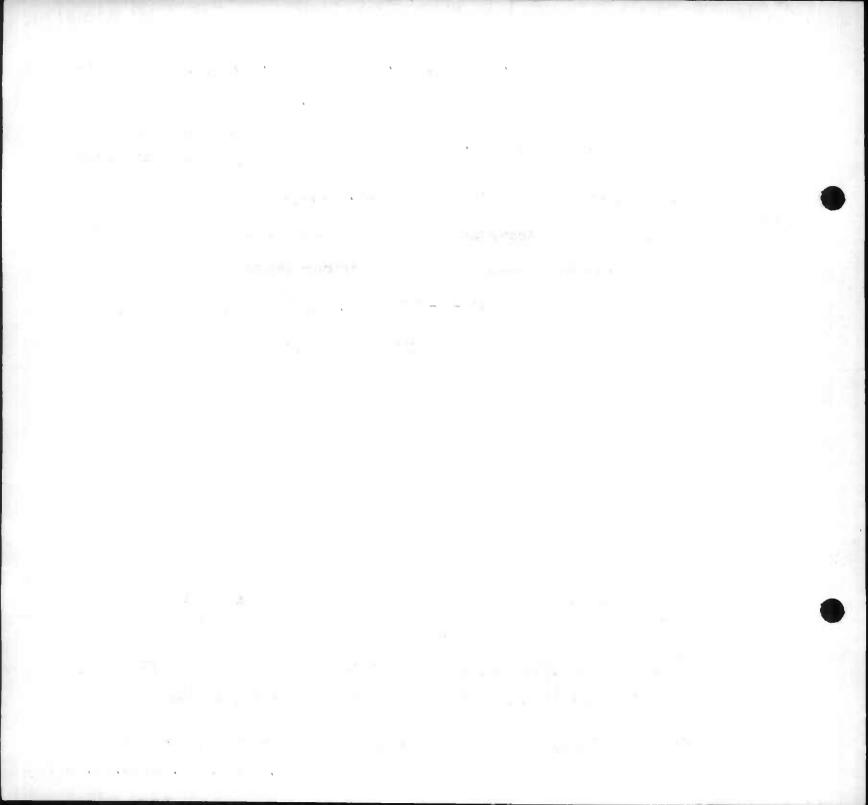
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	ifficate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and y was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased ). An accident of except where the physician who pronounced death was in regular attendance on the deceased of the physician was in regular attendance on the deceased prior to death. Such approved must he obtained before the remains are embalmed or final disposition is made.
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	ificate must be approved by the chief medical examiner or his assistant if death occurred y was released to the hospital by a medical examiner. Also, if the direct or contribution [1] An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined 3.A. At a hospital (except where the physician who pronounced death was in regular attendance on the deceased proportion to death); and (6) No physician was in regular attendance on the deceased proportion and the obtained before the remains are embalmed or final disposition is made.
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Dec. 8, 1967 | 11 3. PLACE OF DEATH IN BALTIMORE MARYLAN A. STATE Mid. (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give towash INSTITUTION Baltimore ed prior 2705 Beechland Ave. D. STREET ADDRESS Beechland Avenue If Under 1 Yr. If Und 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. 6. RACE B. DATE OF BIRTH 5. SEX WIDOWED, DIVORCED (specify) lost birthdov) Months Doys 18,1902 White Male Married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Maryland Accountant 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Winand Thomas Gertrude Nevine ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 215-09-8373 Marian Winana Same No INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, astherio, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION Iosi. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) 21 D. TIME 21 F. HOW DID INJURY OCCUR? (Month) (Day) (Year) (Hour) 21 E INJURY OCCURRED OF INJURY While At Not While (APPROX.) At Work 22. I certify that (1) (shis hospital) attended the deceased from that (1) (we) lost saw the deceased alive an..... and that in (my) (eur) aplnian death accurred an the date and have and from the causes stated above. (1) (Wat) (did) (did not) view the bady after death. 238, DATE SIGNED 23A. SIGNATURE Attending Phys. Med. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 20 MC 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) shows: (1 was D.O. deceased Gardens Of Faith Baltimore, Maryland 25C. FUNERAL DIRECTOR eonard J. Ruck, Inc. Balto. Md. 21214



The same of			
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	This certificate must be a the body was released to	shows: (1) An accident of was D.O.A. at a hospital	deceased prior to death)

		TE OF DEATH Registered No.	67 11841
	M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)	2. DATE AND HOUR OF DEATH	
	Floyd (. Davis	Dec. 8, 1967.	М.
	S. PLACE OF DEATH IN BALLIMORE, MARPLAND	A. USUAL RESIDENCE (Where deceosed lived, If institut A. STATE  B. COUNTY	ion; residence before odmission)
	FULL NAME OF (If not in hospitol or institution, give street oddress or location)	C. CITY OR TOWN (If outside city limits, write RURA	21-38
	INSTITUTION	Baltimore	
	2059 E. Belvedere Ave.	D. STREET ADDRESS (If rurol, give location)	4
9		2059 E. Belvede	
200	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDDWED, DIVORCED (specify)	lost birthdoy) Mo	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
2	Male White Married 7 102. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY	Th. BIRTHPLACE (Stote or foreign country) 12	CITIZEN OF
position	done during most of working life, even if retired)	Manuland	WHAT COUNTRY?
2517	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	<u>usr</u>
alsb	Millard Davis	14. MOTHER'S MAIDEN NAME  Elizabe  17. INFORMANT  Mrs. Sadie M. Davis  F DEATH	th Snell
	5. Was Deceased Ever in U. S. Armed Forces?  Yes, no or unknown  (If yes, give wor or dotes of service)   16. SOCIAL   SECURITY NO.	17. INFORMANT	ADDRESS
Bull	No 213-10-9295	Mrs. Sadie M. Davis	(Same)
0	18. CAUSE O	FDEATH	INTERVAL BETWEEN ONSET AND DEATH
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ath lun	Ch To
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,		J. Minis
0 F	injury or complication which coused death.)	in the base of	1 1
0	ANTECEDENT CAUSES  OUE TO	wells, - reasonning	t made ;
0	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the (C)		
Su I	UNDERLYING CONDITION lost.		
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	hy ocardul fractions	
100	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OFERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (CO.) IN	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDIN CERTIFYING CAUSES	OF DEATH?
Detore		n or about 21 C. WHERE DID (If in Boltimore City	, give exact location)
Det	DEATH (notify medical examiner) etc.)	fice bldg., INJURY OCCUR?	
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	(APPROX)  While At Not While At Work		
000	22. I certify that (I) (this haspital) attended the deceased from	uga 18 1967 to blace	ele 1967.
9	that (I) (we) last saw the deceased alive on har and the	19 and that in (my) opinion	death accurred on the date
T O ET	ond hour and from the causes stoted obove. (I) (We) (did not) v		DATE SIGNED
	M.D. Atte	nding Med. Stoff	) /// T
approvai	23C. PHYSICIAN'S	s. Director Phys. 23D. ADDRESS	2/4/
0	ROBERT J. WILDER M.D.	1801 Eutaw Pl. Baltimore	Md 21217
D D	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, to	wn, or county) (Statel
	Burial 12/12/67. Dulaney Valle	y Cem. Baltimore,	Md.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	y Cem. Baltimore, 25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Ba	ADDRESS // M / 2424:1
1	VS 150-REV. 1/1/65	Leonard y. Kuck, ync. Ba	10.111a. 21214



	- OF 44949 BAI	TIMORE CITY	HEALTH DEPARTMENT		67 11842
	1 NO. 67 11842 CE	RTIFICA	TE OF DEATH	Registered No	01 11094
, N	AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Тур	or Print) RuzickA, Miss CAR	LINE	L. 12/10	167	4:50 A
. P	ACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceased lived. If inst	4:50 A
			A. STATE B. COUN		
	ULL NAME OF (If not in hospital or institution, give street oddress or location)		C. CITY OR TOWN (If out	teido city limite write Pl	IRAL and give deverbill
11	ISTITUTION	0015 B2			
	MARYLAND GENERAL HO	SVIINC	B 2 / time	rurol, dive location)	and LILIK
	4-2				
. S	6. RACE 7. MARRIED, NEVER M	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs			
	WIDOWED, DIVORC	D (specify)	7/- 1011	lost birthdoyl	Months Doys Hours Min.
63	USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS	RN169	2/5/79	73	12. CITIZEN OF
lone	during most of working life, even if retired)	OK INDOZIKI			WHAT COUNTRY?
	Hochschild Ko	hn & Co.		_	4524
	ATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	FRANK RUZICKA		B2 V 62 V2	(1) 10-3	
		L	17. INFORMANT	3 (3 12	ADDRESS
Yes	no or unknown) (II yes, give wor or dates of service) SECUI	ITY NO.	Dishama E Dunt	21001	
	No :		Richard F. Ruzi	CKA	
	18.330 X I	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	_	/ / /	1/	- 0/
ı	LEADING TO DEATH	berschnor	& hemorrhay	2 Vay.	
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,			V	
	injury or complication which coused death.)	61	khontes con		4 1/01 6
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	DISEASES OR CONDITIONS, if ony, giving		pertension Idiopot	110	
	rise to the obove cause (A) stoling the UNDERLYING CONDITION lost.	(C)			
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z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
ATION	TO THE DEATH BUT NOT RELATED TO THE ATT	LIAL FI	BRILLADION		
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP		20 A. AUTOPSY? (Yes or No		NDINGS CONSIDERED
CERTIFIC	WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF	INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
AL	OR CONTRIBUTING CAUSE OF home, form, lo	ctory, street, o	ffice bldg., INJURY OCCUR?		
음	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY C	CCHIPPED	21F. HOW DID INJ	IIBY OCCIIB?	
N N	OF INJURY	Not Whil		OKT OCCOK.	
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	22. I certify that (I) (this haspital) attended the deceas	ed fram	2/8	19 65 to	12/10 19 6
	that (I) (we) last saw the deceased alive an	-/10	19 67 and the	at in (my) (our) apini	ian death accurred an the a
	and haur and from the causes stated above. (1) (We) (di	d) (did nat) y			
- L	23A. SIGNATURE	1			23B, DATE SIGNED
ĺ	$C \in A \subset A$		ending Med.	Stoff	10 Dec 11)
	as Altalia-	Phy		Phys.	10000
	23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
		M.D.			
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CE	METERY of CR	EMATORY 24D. L	OCATION (City	, town, or county) (State
E	urial 12/13/67 Moreland	Mamoria	1 Park Ba	I to Ma	
	DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTR		25C. FUNERAL DIRECTOR	lto. Md.	ADDRESS
	DEC 11 1967 R.C. B & Jo	Dec MA		sale The Dat	
/5	50-REV. 1/1/65		Leonard J. Ru	TER THE BR.	lto. Md.
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BIRTH NO.	0.0	TTO44 C	ERTIFICA	TE OF DEAT	H Registered No	. 0: 11041
M.E. CASE NO.	CEASED			2. DA	TE AND HOUR OF DEAT	н
(Type or Print)	SIEGLE	MR HA	RRYN	1 12-	11-67/6.15	A
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	1-17	4. USUAL RESIDENCE		institution: residence before odm
FULL NAME		or institution, give stree	ət	MD	LOUNIT	27-05
HOSPITAL OR			OSPITA	C. CITY OR TOWN	Ilf outside city limits, write	Northway D
	1. BROADWA	**		D. STREET ADDRESS	(If rurol, give location)	1
				30 23 1	V. NHT D	R. (34)
S. SEX	6. RACE	7. MARRIED, NEVER WIDOWED, DIVOR	RCED (specify)	11-23-18	8 7 S O	Months Doys Hours
done during most o	CUPATION (Give kind of wor f working lite, even if retired) tion Worker	RET 1		11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA			LD.	14. MOTHER'S MAIDEN	NAME Carolin	U.S.A
	topopopo			book	dodzodzodz	de varr
5. Was Decease Yes, no or unknow	d Ever in U. S. Armed Fo	ces? 16. SOC	CIAL CURITY NO.	17. INFORMANT		ADDRESS
No			32-9277	Mrs. Pearle	T. Siegle	(Sa me)
18. 2	34 XI		CAUSE O	F DEATH		INTERVAL BETWEE
The second second	SE OR CONDITION DI	RECTLY	1	. 7	4.1.	onset and dear
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	nal mean the made of , asthenia, etc. It means		DUE TO		0 /	
	mplication which caused		M	eners being	Stiten	usalisario
	ANTECEDENT CAUSES		(B)	Je		
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	he abave cause (A)	slaling lhe	(C)	pag g-q-n-n-q-n x v a no no n n n n n n n n n n n n n n n n		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Z OTHER SIGN	   NIFICANT CONDITIONS	ONTRIBUTING	2			4
≅ TO THE I	DEATH BUT NOT RELA	ATED TO THE	Eubul	- ant	enos clev	ov,
U 19A. DATE O		IDITION FOR WHICH	OPERATION	20A. AUTOPSY? IYes	or No. 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
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OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF			n or obout 21C. WHERE D		ore City, give exoct locotion)
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S OF INJURY	(Month) (Doy) (Teon	While At	Not Whil		D INJURY OCCUR:	
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that (I) (we	) lost sow the decease	ed olive on	12/11	19 67	nd that in(my) (our) a	pinion deoth occurred on th
	nd from the couses sto					
23A. SIGNAT			4.47 (4.4 Har) V	TOW THE OUDY OTHER DE	, v 1118	23B. DATE SIGNED
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NAME (		SUA		church	Home	of Uninted
) A A BUELLE	190 1011					Modure
REMOVAL	ISpecify) 248. DATE		CEMETERY or CRI			City, town, or county) IS
Buria	1 12/14	67. Baltim	ore Cemet	ery	Baltimor	re, Md.
SA. DATE REC'I	D BY HEALTH DEPT.	258. NAME OF REGIS	TRAR	25C. FUNERAL DIRE		ADDRESS
D	EC 11 196/ (	lokelt E. Vi	Indice MA	Leonard J.	Ruck, Inc. Bal	rro and STSTH
\$ 150-REV. 1/1	/65					

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	must be approved by the chief medical examiner or his assistant if death	released to the hospital by a medical examiner. Also, if the direct or c	accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undet	a hospital (except where the physician who pronounced death was in	r to death): and (6) No physician was in regular attendance on the dec
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132	BIRTH NO. 67 11845 CERTIFICATE O	67 11845
ath sed the	M.E. CASE NO.  I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
- 0 0 L	(Type or Print) EDNA GLADS FONE	12, -10-17 1/19 PM
ita o o th.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	L RESIDENCE (Where deceased lived. If institution: residence before admission)  B. COUNTY
Sp (S)		
ho use use dar	FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR INSTITUTION  C. CITY	OR TOWN (If outside city limits, write RURAL and give powlighip)
D S e c		BALTIMENE 21234 dell'TYDO
in radical attention	MARYLAND GENERAL D. STREE	T ADDRESS (II rural, give location)
e p r d e	40	6/06 Parkway Drive
rie in page	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE ( WIDOWED, DIVORCED (specify)	last birthday) Manths Dovs Haurs Min.
rm rm eg	TOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTH	-7-13 54
h co	done during most of warking life, even if retired)	PLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
or nd	13. FATHER'S NAME 14. MOTI	BALTIMORE Md. USA
if dect (4) U (4) U was the pos	13. PATHER'S NAME	HER'S MAIDEN NAME
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFOR	MANY Creen Address
E P E P E	15. Was Deceased Ever in U. S. Armed Farces?  (Yes, no or unknown) (If yes, give wor ar dates at service)  16. SOCIAL  SECURITY NO.	MANT ADDRESS
sist the the de de inc		PREV. Chart INTERVAL BETWEEN
if if iny ed dan	18. CAUSE OF DEATH	
f o d	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
Als e o nou att	LEADING TO DEATH  (This does not mean the made of dying, e.g.,  DUE TO	HAGIC Shock Pass
B	hearl failure, asthenia, etc. It means the disease,	
ner act pr ula mb	injury or complication which caused death.)  ANTECEDENT CAUSES  (B)   3   e e OIN G	FROM ESOPHAGEAL VARIETY DAYS
ho fr	DISEASES OR CONDITIONS, if any, giving	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	rise to the obove cause (A) stating the (C) CIRRA	osis of the LIVER YEARS
an ian sins	UNDERLYING CONDITION Iasi.	
dica ica rns sic wa	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	100
n bed	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
dy dy	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. A	AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Ch th th ys	Mane	and the same of th
12 phe for the	OR CONTRIBUTING CAUSE OF CAUSE	21C. WHERE DID (If in Baltimare City, give exact lacation) INJURY OCCUR?
he;	DEATH (notify medical examine).	
Spirer (S)	OF INJURY	21F. HOW DID INJURY OCCUR?
ovec nat cep nd (	(APPROX.) While At Not While Not Work At Work	Pathony returned and and responsible
ドイマ×ドウ	22. I certify that W (this haspital) attended the deceased from 11 / 22	19 67 to 12-10 19 67
app to the	that (1) ( last saw the deceased alive an 12-10 19	
9702=	and haur and from the causes stated above. (1) (Wa) (did) (did fat) view the l	bady after death.
eleased scident hospit to deat	23A. SIGNATURE	23B. DATE SIGNED
50.50	M.D. Attending Phys.	Med. Stoff Physics 12-10-17
0 - 0 - >	23C. PHYSICIAN'S NAME (Type)	
was r was r An at prior	M.D.	Maryland General Hospita 1
certificat body was /s: (1) An D.O.A. at ased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specily)	24D. LOCATION (City, town, or county) (State)
S: S: Dod	Burial 12/14/67. Parkwood Cemetery	Baltimore, Md.
S - S S -	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. 1	FUNERAL DIRECTOR ADDRESS
the sho	DEC 11 1967 Roberto E. tarbura Loon	ard J. Ruck, Inc. Balto.Md. 21214

Life is an example of the contract of the cont

V\$ 150-REV. 1/1/65

		O bru			Y HEALTH DEPARTMEN		67 11846
	H NO.	67	11846	CERTIFICA	ATE OF DEAT	H Registered No	o, 07 11095
1. N	AME OF DECEA e or Print)	ESTHER	A. B	PURGAN		BEMBER 8	2 \
3. P	LACE OF DEAT	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE A, STATE B.	(Where deceased lived, If COUNTY	institution: residence before admission)
H	ULL NAME OF IOSPITAL OR NSTITUTION	(If not in hospital address or location		ve street	C. CITY OR TOWN		SP e RURAL and give township)
4	LUNION	NEMORIA	th Hos	PITAL	D. STREET ADDRESS 4905 AR	(If rurol, give locotion)  ABIA AVE	NUE -
5. S	F	RACE	WIDOWED,	DIVORCED (specify)	NOV . 9 19		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done	USUAL OCCUP	ATION (Give kind of wor orking lite, even if retired)	10B, KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE State	or foreign county	12. CITIZEN OF WHAT COUNTRY?
	lome Máke				100		USA
13.	FATHER'S NAM	HARRY	BURGA	NA	14. MOTHER'S MAIDE		
		ver in U. S. Armed Fa	rces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			None	Miss Ruth E	Burgan S	me
	DISEASE	OR CONDITION DI	RECTLY		DE DEATH	nois her	interval between onset and death
	heort foilure, o	I meen the mode of sthenio, etc. II meens licotion which coused	the diseose,	DUE TO			0
	A	NTECEDENT CAUSES		DUE TO			
	iise to the	CONDITIONS, if obove couse (A) CONDITION lost.		(C)			
NO	OTHER SIGNIFI	CANT CONDITIONS	ONTRIBUTING		1		
ATIO	DISEASE OR C	ATH BUT NOT REL.	IT.			$\cap$	
ERTIFIC	19A. DATE OF	OPERATION 198. CON WAS PER		HICH OPERATION	20 A. AUTOPSY? (Yes		RE FINDINGS CONSIDERED CAUSES OF DEATH?
AL C	OR CONTRIBUT	T WAS UNDERLYING [ING CAUSE OF medical examiner)	21 B. F home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21 C. WHERE INJURY OCC	DID (If in Boltim UR?	nore City, give exact location)
MEDIC.	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21 E. While Work	INJURY OCCURRED  B At Work At Work	iile 🦳	ID INJURY OCCUR?	-183
	22   consider s	hot (1) (this hospito			12/7	19 67 to	12/8 1967
		ost sow the deceos		12/8	19 67	· -	ppinion death occurred on the date
	ond hour ond 23A, SIGNATUR		ted obove. (I)	(We) (did) (did not)	view the body ofter d	eoth.	23.B. DATE SIGNED
	23C. PHYSICIAN	evz og	Valle	M.D. AI	Med. Director	Stoff Phys.	Dec 8, 1867
	NIEV		MOLLE	M.D	4	MEMORIAL H	JOPPHAL .
24A	BURIAL CREM	ATION, 24B. DATE	24C. NA	ME of CEMETERY OF C	REMATORY	24D. LOCATION	(City, town, or county) (State)
	Burial	12/11/6	7 Balt	imore		Baltimore M	laryland
25A	. DATE REC'D	EC 11 1967	25B. NAME OF		25C. FUNERAL DIR		ADDRESS

MILLION MEMORIAL HESPITAL

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HARRY BURLAN

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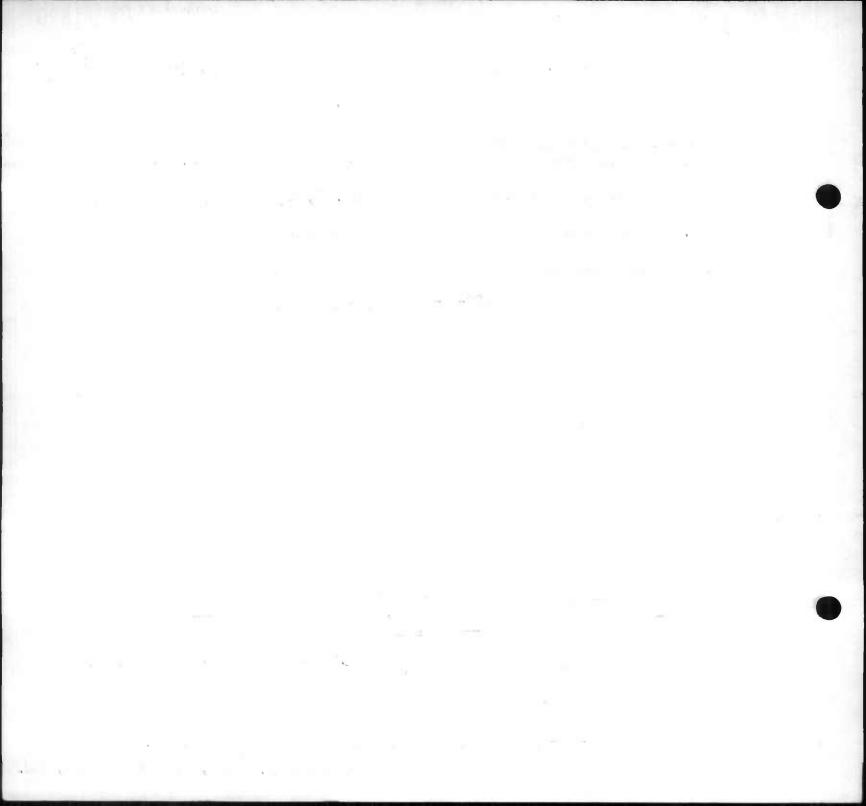
Str. of the	RIPT	H NO.	67	118/17		HEALTH DEPARTMENT TE OF DEATH	Registered Na	67 11847
	M.E	AME OF DECEASED	7 / 7		EKTIFICA	2. DATE	AND HOUR OF DEATH	1
	'		Frank J				ember 8, 19	
	F		ot in hospital or insess or location)		et		UNTY outside city limits, write	institution: residefice before odmission)  RURAL and give pwitship)
	0	4524 Mains	ield Ave	•		Baltimo	()f rurol, give location)	2101
e.	~					4524 Ma	infield Ave	
is made		ale whi	te '	AARRIED, NEVER VIDOWED, DIVOI Divorced	RCED (specify)	April 17,186		If Under 1 Yr. If Under 24 Hrs. Months Ooys Hours Min.
		.USUAL OCCUPATION (G during most of working life, et. Electri	even if retired)	KIND OF BUSINE	SS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Sil	13.	FATHERS NAME	Car			14. MOTHER'S MAIDEN N	IAME	0.01
disposition	U	William H.	Long	36.0		Mary A. C	jarrett	
final	15. \ (Yes	Was Deceased Ever in U. s, no or unknown) (If yes, gi	S. Armed Forces?		URITY NO.	17. INFORMANT		ADDRESS
		No.		100	0481304	Mrs Virginia	Lusco Same	ANTERVAL SETUES
0		.53/X	I		CAUSE OF	DEATH	, ,	ONSET AND DEATH
balmed			NDITION DIRECT		ervoral	Vaseuler	accedend	1 day
Ε		(This does not mean	he made of dyir	ıg, e.g.,	(A) DUE TO			
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)						nimal.	is 10 years
em			NT CAUSES		(B)	rigue occi	a cons	is gues
		DISEASES OR COND	ITIONS, if any,	aivina	DUE TO			
are		rise Ia The abave	cause (A) slal		(C)		*****	
ins		UNDERLYING CONDIT	ION last.					
remains	ATION	OTHER SIGNIFICANT CO TO THE DEATH BU DISEASE OR CONDITION	T NOT RELATED	RIBUTING R	endu	e Henripe	iqua	10 years
e the	RTIFIC	19A. DATE OF OPERATIO	N 198. CONDITION	N FOR WHICH (	OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
before	-4	21A. ACCIDENT WAS U OR CONTRIBUTING C DEATH (notify medical ex	AUSE OF -	21 B. PLACE home, form, etc.)	OF INJURY (e.g., in foctory, street, of	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Bo)timo	re City, give exact location)
ained	EDI	21 D. TIME (Month) OF INJURY	(Doy) (Year) (He	our) 21 E, INJURY	OCCURRED	21F. HOW DID	NJURY OCCUR?	
Ë	>	(APPROX.)		While At	Not While			
ğ		22. I certify that (I) (1	his hospital) att	ended the dece	ased fram &	iniso 2.	1952 ta 0	ee 8 - 1967.
pe o		that (1) (we) last saw	the deceased al	ive on Dec	<u>~7</u>	1967 and		inian death accurred an the date
ust			causes stated a	bave. (1) ( <del>We</del> ) (	(did) (d <del>id∈no</del> t) v	iew the bady after deat	h	
E		23A. SIGNATURE	Denn	. A.		- di / AA-1	S	23B. DATE SIGNED
		Loign	surg		M.D. Atte	nding Med. Director	Stoff Phys.	12/8/67
approval		NAME (Type)	SAWY	IER-	M.D.	3D. ADDRESS 4808	turford A	Id Balto rud
	24A	BURIAL CREMATION, REMOVAL (Specify)			CEMETERY OF CRE		//	City, town, or county) (State)
written		burial	12/11/67	New Car	thedral	emetery 1 25C. FUNERAL DIRECT	Baltimore,	Md.
/ L	25A	. DATE REC'D BY HEALT	H DEPT. 258.	NAME OF REGIS		25C. FUNERAL DIRECT	Ruch O-	Baltimore, Md.
>	VS	150-REV. 19765 11	1967 (1.0	B 2 3	2 Ney Mill	Leonara y	, Nuck, ynd	Bucumone, ma.

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BIRTH NO.  M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH IN BAYIMORE, MARYLAND  FULL NAME OF HOSPITAL OR INSTITUTION  Church Home and Hospital  5. SEX  6. RACE  7. MARRIED, NEVER MARRIED  WIDOWED, DIVORCED (specify)  WIGH USUAL RESIDENCE (Where deceosed lived. If institution:  8. COUNTY  C. CITY OR TOWN (If outside city limits, write RURAL or Durmanwar  C. STREET ADDRESS (If rurol, give location)	Balte Co
(Type or Print)  3. PLACE OF DEATH IN BAYIMORE, MARYLAND  FULL NAME OF HOSPITAL OR INSTITUTION  FULL NAME OF HOSPITAL OR INSTITUTION  Church Home and Hospital  D. STREET ADDRESS (If rurol, give location)  L9   Durmanwar  S. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In vers)   15 LAGE	Balte Co
FULL NAME OF (If not in hospital or institution, give street oddress or location)  Church Hospital OR (If not in hospital or institution, give street oddress or location)  Church Hospital OR (If outside city limits, write RURAL of Baltimore  D. STREET ADDRESS (If rurol, give location)  (9/1 Dunnanway  5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In veors   15 Union)	Balte Co
5. SEX 6. RACE 17. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In veors 1) I LAGO	
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In veors   1/2 Life)	53-00
F W Married 6-29-96 71	or 1 Yr. If Under 24 H Doys Hours Min.
10A. USLIAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Housewife  Maryland  12. CIT  With  When the state of t	TIZEN OF HAT COUNTRY?
Frank Labort Mattie Foxwell	
15. Was Deceased Evel in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) No  16. SOCIAL SECURITY NO.  213 28 4786 Raymond F Hardy Same	ADDRESS
DISEASE OF CONDITION DIRECTLY	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease, injury of camplication which caused death.)  (A) Metastatic carcinomy	18 m
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING CAUSES OF IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or obout of the place of the pl	ve exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED  OF INJURY (APPROX.)  While At Work  Not While At Work	
22. I certify that (I) (his haspital) attended the deceased from 12-81967 to 12 that (I) (we) lost sow the deceased alive on 12-81967 and that in (my) (ou) opinion deceased	oth occurred on the d
ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.	ATE SIGNED
Attending Med. Director Phys. 23C. PHYSICIAN'S	18/47
NAME (Type)  FRA 1/C 1 > ED BALTA 7 A R M.D. Claying House to 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY 124D. LOCATION (City, town,	or county) (Stote)
REMOVAL (Specify)	
Burial 12/11/67 New Cathedral Baltimore Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
Leonard J Ruck Inc 5305 Harfe	ord Rd

Maryanite House dy 10 2 6 Maryland church Home and Hospital Butimore 6911 Dunnement 6-29-96 Married Homesife eaglarger Maryland Mattie Formel 213 28 4786 Metastatic covernma 18 mas The Bushing 2 KT (T3 L) 65 C O L 4 A

300	BiRT	H NO. 67 11849 CERTIFICA	Y HEALTH DEPARTMENT  ATE OF DEATH  Registered No	67 11849
oital and of death Deceased e on the ith. Such	1. N	AME OF DECEASED	2. DATE AND HOUR OF DEATH	
de de con	(Ту	Henry W. Schuette LACE OF DEATH IN BALTIMORE, MARYLAND	December 7,196	7   10:10 P.M.
	3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY	stitution: residence before admission)
- V - 0		ULL NAME OF (If not in haspital or institution, give street OSPITAL OR address ar location)	Md.	
se; se; and to		NSTITUTION	C. CITY OR TOWN (If autside city limits, write I	RURAL and give township)
- 3 - /	1	House In The Pines Nursing Home	D. STREET ADDRESS (If rural, give location)	1-01
D + D L d e		House In The Pines Nursing Home 5837 Belair Road  T. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	667 Dumbarton Ave.	
tribu mine gula sed mad	5. :	EX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.
S S S S		male white widowed	Aug. 12, 1893 74	
H CO	dog	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR during most of working life, even if retired)	4	12. CITIZEN OF WHAT COUNTRY?
or or Jnd is i	/X	et. Postal Clerk	Maryland 14. MOTHER'S MAIDEN NAME	USA
if deat rect or (4) Unde was ir the de spositio	11			
4 5 7 7 E E		Ferdinand Schuette Vas Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Emilie Birr	ADDRESS
0 = 0 -	(Ye	no or unknown) (If yes, give war ar dates of service)  \$ECURITY NO.  220-44-9856 I	Frank Kohl	
y k d d d and	-	100	OF DEATH	INTERVAL BETWEEN
or his assist Also, if the e of any kin nounced de attendance		DISEASE OF CONDITION DIRECTLY		ONSET AND DEATH
Also, e of noun attel		LEADING TO DEATH	lmonary emphysema	10 yrs.
2 . 20 - 8		hearl failure, asthenio, etc. 11 meons the disease,		
		injury or complication which coused death.)  ANTECEDENT CAUSES  (B) Ar	teriosclerotic cardio- vascular disease	15 vrs.
ami A fr A fr Vho reg		DISEASES OR CONDITIONS, if any, giving	vascular disease	
exce (3)		rise to the abave couse (A) stoting the (C)UNDERLYING CONDITION lost,		22000111 <mark>0</mark> 4000000000000000000000000000000
ical ial 18; ( cial as		II		
Did I S ≯ E	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
TE > D.D O		DISEASE OR CONDITION CAUSING IT.	120 A ALLED DAYS IN THE NUMBER OF THE WAR	
by a m 2) Body re the p physicic	CERTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
		21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., lame, larm, factory, street,	in or about 21C. WHERE DID (If in Baltimare office bldg., INJURY OCCUR?	City, give exact lacation)
yy the iital by re; (2) where No ph	CAL	OR CONTRIBUTING CAUSE OF hame, larm, factory, street, etc.)	onice ology, INJORI OCCOR:	
	MEDI	21D. TIME (Month) (Day) (Year) (Haur) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
7 0	>	(APPROX) While At Wark At War	k 🗀	
provent he		22. I certify that (1) (this hospital) ottended the deceased from		ember 7, 1967.
of a of a l		that (I) (we) last sow the deceased alive on December 6.	219 <u>67</u> and that in(my) <del>(ow</del> ) api	nian deoth accurred on the dote
assed to dent of ospital death) must be		ond hour and from the couses stated above. (1) (We) (did) (dad-net)	view the body after death.	Loop DATE CLONICS
de de		23A. SIGNATURE DO DE DA.D. A.	ttending Med. Staff	Dec. 8, 1967
a harto		23C. PHYSICIAN'S	23D. ADDRESS	
Ficate was r An a A. at a prior		NAME (Type) Lloyd E. Saylor ( M.D	2002 2	
certificat body was vs: (1) An D.O.A. af assed pric	244	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C		ty, tawn, ar caunty) (State)
This certil the body shows: (1) was D.O deceased		burial 12-11-67 Baltimore (ex	metery Baltimore, 1	nd.
This cer the bod shows: was D.G decease	25A	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	metery <u>Baltimore, 1</u> 25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc	ADDRESS
ませる 多分 3		THE IT 1901 Officers 5. TOWNER,	Leonard y. Kuck, In	c Baltimore, Md.
	VS	50-REV. 1/1/65		6



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attendance on the

of death

Print)	Julia W	ashingt	ion	2. DATE AND	12-5-67		3:50 P
PLACE OF DEATH IN BA				4. USUAL RESIDENCE (Where B. COUNT)	deceased lived. If i	nstitution: reside	
FULL NAME OF (IF HOSPITAL OR odd	not in hospitol o Idress or locotion)	or institution,	give stieet	Maryland c. city or town (If outsi	•	RURAL ond giv	re town hip)
39 Prov	rident Ho	spital			rol, give location)		15-0
SEX 6. RACE		7 AA APRIED	NEVER MARRIED	1206 Whitelock	Street AGE (In years	If Under 1	V. If theder 04
F Ne	aro	MARRI	DIVORCED (specify)	4-6-1902	65	Months Do	ys Hours Mir
ne during most of working life	e, even if retired)					12. CITIZEN WHAT	COUNTRY?
Housewife		HON	16	Maryland , HOWAI		0.5	S.A.
FATHER'S NAME				14. MOTHER'S MAIDEN NAM			
	DORSEY			HANNAH	H DORSEY		
Wos Deceased Ever in Ues, no or unknown) (If yes, g	J. S. Armed Forc give wor or dotes	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			DRESS
			215-09-1804	William - Husba	and	SAN	Œ
(This does not mean heart failure, osthenia, injury or complication	, elc. Il means	the diseose,	(A)DUE TO	Corgelly	Heart	face	ul.
(This does not mean heart failure, osthenia, injury or complication ANTECED DISEASES OR CONTrise to the above UNDERLYING CONDI	the mode of , etc. II means which caused DENT CAUSES DITIONS, if a cause (A) ITION last.	the disease, death.)  any, giving stating the	(B)	orge sury	Heart	Juli	
(This does not mean heart failure, osthenia, injury or complication ANTECED DISEASES OR CONTrise to the above UNDERLYING CONDI	the mode of , etc. II means which caused DENT CAUSES DITIONS, if a cause (A) ITION last.  II CONDITIONS COUNTY TO THE LATE ON CAUSING IT ON 198. CONE	the disease, death,)  any, giving stating the DNTRIBUTING TO THE	(B)				N SID ERED
(This does not mean heart failure, osthenia, injury or complication  ANTECED DISEASES OR CONITION TISE TO THE ABOVE UNDERLYING CONDITION OTHER SIGNIFICANT CONTROL TO THE DEATH BODISEASE OR CONDITION	the mode of , etc. It means which caused DENT CAUSES DITIONS, if a cause (A) ITION tast.  II CONDITIONS COME OF THE CONDITIONS COME OF THE CONDITIONS COME ON CAUSING IT	the disease, death,)  any, giving stating the DNTRIBUTING TO THE	(B) DUE TO (C)				N SIDERED TH?
(This does not mean heart failure, osthenia, injury or complication  ANTECED  DISEASES OR CONDITION  TO THE DEATH B DISEASE OR CONDITION  19 A. DATE OF OPERATION  21 A. ACCIDENT WAS OR CONTRIBUTING OR CONTRIBUTING OF	The mode of , etc. II means which caused DENT CAUSES DITIONS, if a cause (A) ITION last.  II CONDITIONS COUNT RELATION CAUSING IT ON 178. COND WAS PERFOUND ERLYING CAUSE OF	the disease, death,)  any, giving stating the DNTRIBUTING TED TO TH (c).  DITION FOR NORMED	(B)  DUE TO  (C)	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE IN CERTIFYING CA		
(This does not mean heart failure, osthenia, injury or complication  ANTECED  DISEASES OR CONDITION  OTHER SIGNIFICANT OF THE DEATH B DISEASE OR CONDITION  19 A. DATE OF OPERATION  21 A. ACCIDENT WAS OR CONTRIBUTING OR CONTRIBUTING OF INJURY (APPROX.)	The mode of , etc. II means which caused DENT CAUSES DITIONS, if a cause (A) ITION last.  II CONDITIONS COUNT RELATION CAUSING IT ON 198 COND WAS PERFORM CAUSING TO CAUSE OF exominer)	the disease, death,)  any, giving stating the DNTRIBUTING TED TO TH.  Consultation of the consultation of	(B) DUE TO (C)  GE WHICH OPERATION  PLACE OF INJURY (e.g., in e., farm, foctory, street, of injury occurred in the control of	20A. AUTOPSY? (Yes or No)  NO n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CO	
(This does not mean heart failure, osthenia, injury or complication  ANTECED DISEASES OR CONITION TISE TO THE ABOVE UNDERLYING CONDITION  OTHER SIGNIFICANT OF THE DEATH BY DISEASE OR CONDITION  21 A. ACCIDENT WAS TO OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OF INJURY (APPROX.)  22. I certify that (I) (that (I) (we) last saw	the mode of , etc. II means which caused DENT CAUSES DITIONS, if a cause (A) ITION last.  II CONDITIONS CO. BUT NOT RELATION CAUSING IT ON LAUSING IT ON LAU	the disease, death,)  any, giving stating the stating	(B) DUE TO  (C)  GE  WHICH OPERATION  PLACE OF INJURY (e.g., ir e, form, foctory, street, of INJURY OCCURRED  INJURY OCCURRED  At Work  the deceased fram  December 5,	20A. AUTOPSY? (Yes or No) No Tor obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJUR  Camber 3. 19 19 67 and that	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CO AUSES OF DEA re City, give ex	oct locotion)
(This does not mean heart failure, osthenia, injury or complication  ANTECED DISEASES OR CONDITION TISE TO THE ADDITION OTHER SIGNIFICANT OF THE DEATH BOUSEASE OR CONDITION 19A. DATE OF OPERATION OR CONTRIBUTING OF CONTRIBUTING OF INJURY (APPROX.)  21 D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (1) (we) last saw and haur and from the	the mode of , etc. II means which caused DENT CAUSES DITIONS, if a cause (A) ITION last.  II CONDITIONS CO. BUT NOT RELATION CAUSING IT ON LAUSING IT ON LAU	the disease, death,)  any, giving stating the stating	(B) DUE TO  (C)  GE  WHICH OPERATION  PLACE OF INJURY (e.g., ir e, form, foctory, street, of INJURY OCCURRED  INJURY OCCURRED  At Work  the deceased fram  December 5,	20A. AUTOPSY? (Yes or No)  No nor obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJUI	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CO AUSES OF DEA re City, give ex	.oct locotion)
(This does not mean heart failure, osthenia, injury or complication  ANTECED DISEASES OR CONDITION OF THE DEATH BOUNDERLYING CONDITION OF THE DEATH BOUSEASE OR CONDITION OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OF INJURY (APPROX.)  21 D. TIME (Month) OF INJURY (APPROX.)	the mode of , etc. II means which caused DENT CAUSES DITIONS, if a cause (A) ITION last.  II CONDITIONS CO SOUTH NOT RELATION CAUSING IT ON LAUSING IT ON LA	the disease, death,)  any, giving stating the stating	(B) DUE TO (C)  (C)  PLACE OF INJURY (e.g., ir e, form, foctory, street, of the late of th	20A. AUTOPSY? (Yes or No) No nor obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJUR  21F. HOW DID INJUR  19 67 and that iew the body after death.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CO AUSES OF DEA re City, give ex	19 67

V\$ 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

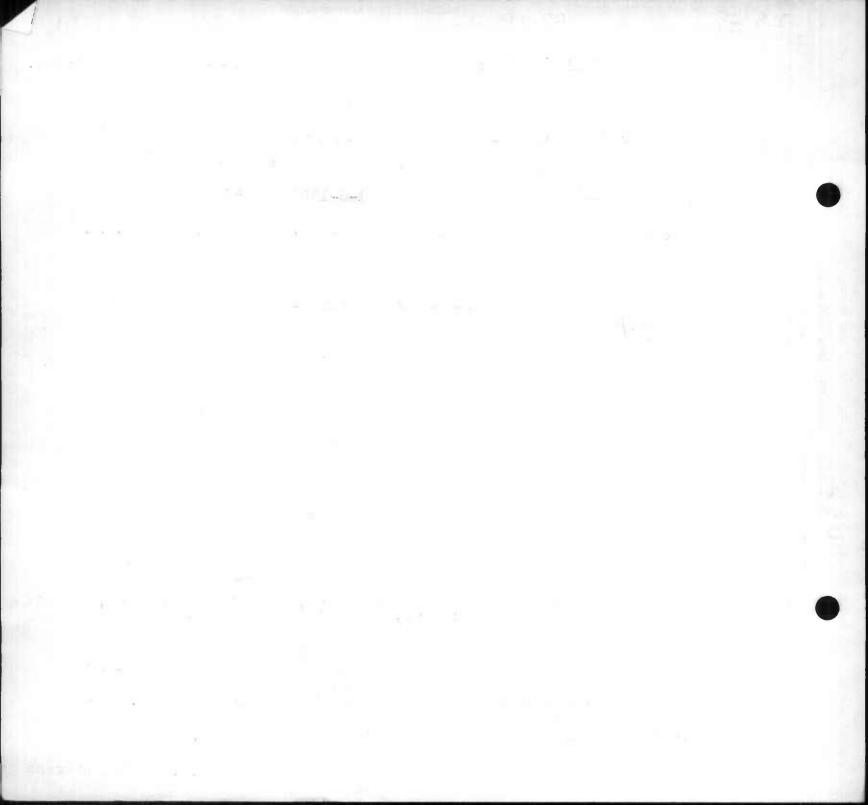
25B. NAME OF REGISTRAR

MORTON & DYETT

25C. FUNERAL DIRECTOR

ADDRESS 1701 Laurens

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such, This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT

Registered Na.

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BIRTH NO.	0/ 110	CERTIFICA	TE OF DEATH	Registered Na.	0/ 11001
1. NAME OF DECEASED	F.			D HOUR OF DEATH	
(Type or Print)	TH JORD	A NI	12-9	-67	18:55
3. PLACE OF DEATH IN BALTIMOR		A11	4. USUAL RESIDENCE (When	e deceased lived. If i	nstitution: residence before oddission)
			A. STATE B. COUN	TY	
FULL NAME OF (If not in he oddress or	spitot or institut	ion, give street	MARYLAND		
HOSPITAL OR oddress or INSTITUTION	lo conon)		C. CITY OR TOWN (If out	side city limits, write	RURAL and give township)
			BALTIMORE		1-0)
2 THE JOHNS HO	PKINS	HOSPITAL	2737 E. PRES	rurol, give location)	U
			2/3/ L. FRE	51011 31	
5. SEX 6. RACE		HED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
FEMALE NEGROTE	MA	RRIED	3-24-1911	56	Monnis Doys Hours Min.
10A. USUAL OCCUPATION (Give kind					12. CITIZEN OF
done during most of working life, even if re		1	1-4 1	44 = 3	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		Hone	ISIE OF 14	MIE CV	Va. U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA		
JAMES WILSON			LILLY LIG	GINS	
15. Was Deceased Ever in U. S. Arm (Yes, no or unknown) (If yes, give wor		ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
ho			Nort 1	don 27	777 F P
118.		CALISE O			INTERNAL DETMINERAL
133.8		CAOSE O	ARCINDAN OI		ONSET AND DEATH
DISEASE OR CONDITIO		(	10 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Coinn	,
(This does not mean the mo		e.g., DUF TO	ARCIN UNIO		No contract of the second
heart foilure, osthenio, etc. It	meons the dise				,
injury or complication which c					
ANTECEDENT CA	AUSES	(B)		******	\$ \$
DISEASES OR CONDITIONS					
rise to the above couse UNDERLYING CONDITION IS		the (C)			
ONDERENING CONDITION IS	31,				
Z OTHER SIGNIFICANT CONDITION	ONE CONTRIBI	ITING			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU	RELATED TO				
DISEASE OR CONDITION CAU		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	1 208 IE VES WEDE	EINDINGS CONSIDERED
19A. DATE OF OPERATION 19B	S PERFORMED	OK WHICH OFERATION	A Con	IN CERTIFYING CA	USES OF DEATH?
W TIA ACCIDENT WAS INDEED	(INC T	210 01 4 05 05 1111104/	JVO	/45 : B 4:	C:
OR CONTRIBUTING CAUSE C	) F	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	ffice bldg., INJURY OCCUR?	(If in Pollimo	re City, give exact location)
DEATH (notify medical examiner)		etc.)			
Q 21 D. TIME (Month) (Dov)	(Yeor) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)		While At Not While			
		Work At Work			
22. I certify that (1) (this ho				19 6-7 to 1 2	
that (#) (we) lost saw the de	ceased alive	on 12-9	19 <u>6</u> 2 and th	at in (my) (aur) op	inian death occurred on the dote
and hour and from the couse	s stoted obav	e. (1) (We) (did) (did-not) v	riew the body ofter death.		
23A. SIGNATURE					23B. DATE SIGNED
N39 " 411 12	2 1	M.D. Alle	ending Med.	Stoff	12-9-67
23C. PHYSICIAN'S	as hister	Phy	s. Director 23D. ADDRESS	Phy s.	12 1 61
NAME (Type)	13	M.D.	T 4	1	La de la constante de la const
24A. BURIAL CREMATION, 24B. DA	OKA 6	S MAAAF AL CEAAFTERY CO	UDHINS HOP	OCATION (C	USFITAL
REMOVAL (Specify) 248. DA	24	C. NAME OF CEMETERY OF CRI	24D. L	OCATION (C	ity, town, or county) (State)
K-Duri91/ 12-	13-67	bnes Genre Ko	10t. Ch. (em. 5	mith FIE	d VA.
25A. DATE REC'D BY HEALTH DEPT	25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
THE TI 196		E, Willey"	Moeton &	Duett Int	1. 1701 Loureus
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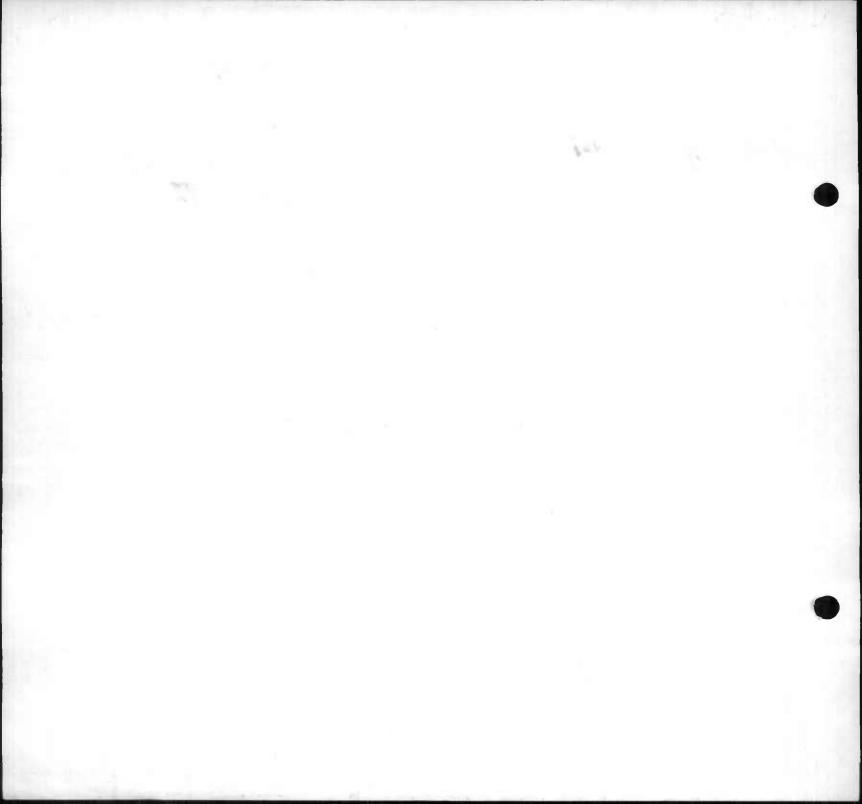
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	death occurred or contributi Indetermined as in regular	sition is made.
IMPORTANT	Also, if the direct re of any kind; (4) I nounced death we attendance on the	lmed or final dispo
FUNERAL DIRECTOR: IMPORTANT	medical examiner. Iy burns; (3) A fractu physician who pro	ne remains are emba
FUNE	approved by the chie o the hospital by a a any nature; (2) Bod (except where the ); and (6) No physic	e obtained before th
	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributi shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased pr	written approval must be obtained before the remains are embalmed or final disposition is made.

1	-	BALTIMORE CITY HEALTH DEPARTMENT
V	7-200	SIRTH NO.  M.E. CASE NO.  67 11852  CERTIFICATE OF DEATH  Registered No. 67 11852
	oital and of death Deceased e on the ath. Such	1. NAME OF DECEASED MARY F WIMM 12-10-67 140 Am.
	5 0 0	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceoded lived. If institution: lesidence before odmission)  A. STATE  B. COUNTY
cause (see the cause) (see the	FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION  (If not in hospital or institution, give street oddress or location) (C. CITY OR TOWN (If outside city limits, write RURAL and give township)	
	12 SINAA HOSP, +A D. STREET ADDRESS (If yord, give locotion)	
	- 300 D	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.   Months   Doys   Hours   Min.
	ath occur or contrik determin in regul deceased	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	death Undet as in e dec	done during most of working life, even it retired)  Lest red  Lest red  La Mother's Malden Name  14. MOTHER'S MAIDEN NAME
	Sport + + + + + + + + + + + + + + + + + + +	UNK. Susan Carter
TAN	B B B O -	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.
POR	ny ny dan dan fi	18. 15 3 8 CAUSE OF DEATH
IME	0 > + 0	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., DUE TO DUE TO
OR:	miner or niner. Al fracture o prono gular at embalm	heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (B)  ACUTE PULM EDEM ASMEDIA 12 MB.
ECT	Xam Kam Wh Wh	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the (C) ADFNO(AR (WWA IF COUN AS(V) - 540 x > 2040
DIR	edical extrems; (3) sician was in mains a	UNDERLYING CONDITION Iosi.
RAL	medical medical burns; physicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
NER	a r ody ody he sici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	by the cl pital by re; (2) B where tl No phy d before	OR CONTRIBUTING CAUSE OF home from foctors, street, office bldg. INJURY (e.g., in or obout 21 C. WHERE DID (If in Bottimore City, give exact location)
	pt (6)	DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  OF INJURY  (APPROX.)  OF INJURY  (APPROX.)  OF INJURY  OF IN
	o x x z t	22. I certify that (I) (this hospital) attended the deceased from 19 10 10 19 17.
	d to the total (e tal (e th); c	that (1) (we) last saw the deceosed olive an
	must be a eleased to ccident of a hospital to death) al must be	23A. SIGNATURE 23B. DATE SIGNED  M.D. Attending Med. Stoff
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23C. PHYSICIAN'S NAME (Type)  (1)  (23D. ADDRESS
		24A. BURIAL GREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
	This certif the body shows: (1) was D.O./ deceased written a	BURIAL 12-14-67 Arbufus Mem. FARK BALK. LOTES ADDRESS, ADDRESS,
	This the back was dece	DEC 11 1967 Reliab & Farleyna Morton & Dyett F. H. 1701 Laucers



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BALTIMORE CITY HEALTH DEPARTMENT 67 11853 CERTIFICATE OF DEATH Registered Na.. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION (If rurol, give location) 5. SEX MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. WIDOWED. DIVORCED (specify) last birthday Hours larried JOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BURTHPLACE (State or foreign 12. CITIZEN OF dane during most af warking life, even if retired) WHAT COUNTRY? 815. 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Farces 6. SOCIAL INFORMAN ADORESS (Yes, na ar unknown) (If yes, give war ar dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 1 wk Abscess LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED - T-U Abscess 1- broad Ü 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, farm, foctary, street, affice bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) etc.) MEDIC 21 D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Nat While (APPROX.) Wark At Wark 22. I certify that (I) (this haspital) attended the deceased from..... OCT 19 67 Dec 19 6 that (1) (we) lost sow the deceased alive on. 6 Dec 19 67 ond that in(my) (our) opinion death occurred on the date

and hour and from the causes stated above. (1) (We) (did nat) view the bady after death.

23A, SIC

Richard	Berkowit	M.D.	Attending Phys.	Med. Director	Staff Phys.	23B, DATE S	IGNED
YSICIANES			122D ADDRESS				

23C. PHYS 23D. ADDRESS NAME (Type)

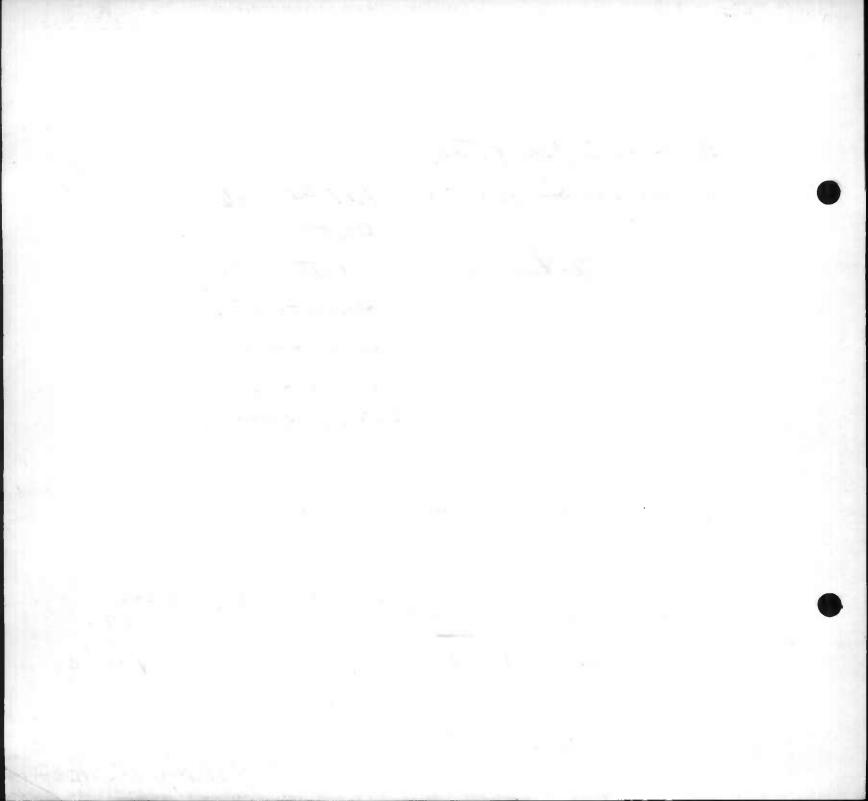
M.D. 24C. NAME of CEMETERY of CREMATORY 24D. LOGATION (City, tawn, or caunty)

25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, 24B. DATE

REMOVAL (Specify)

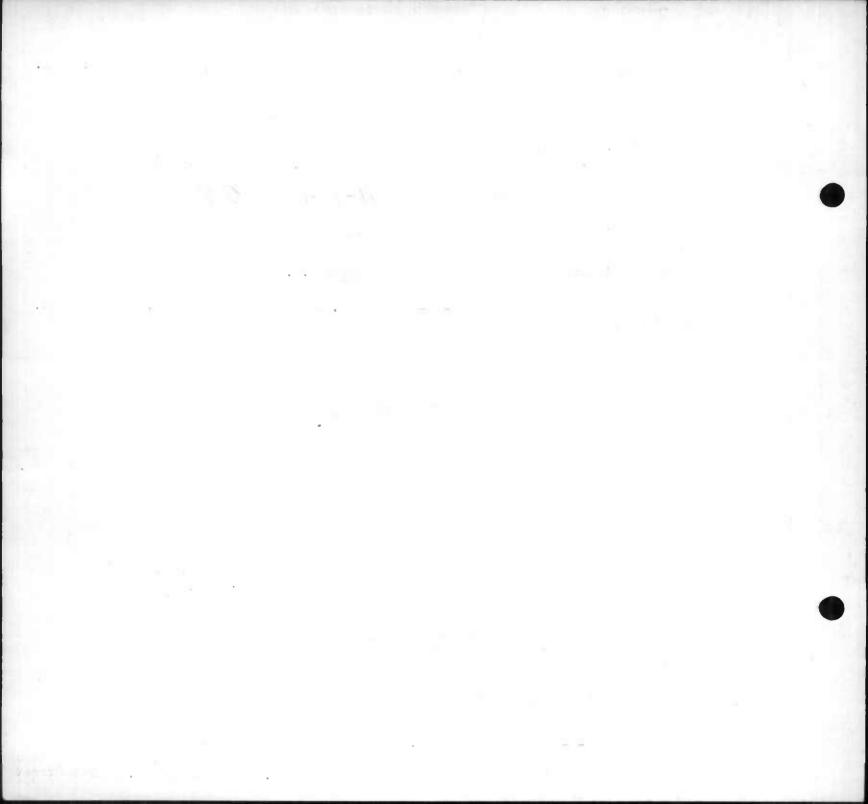


IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

(Typ	AME OF DECEASED	2. DATE AND HOUR OF DEATH	
. , ,	Amy Barnes	December 3, 196	
3. P	PLACE OF DEATH IN SALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If in A, STATE B, CDUNTY	stitution; residence before admissi
H	TULL NAME OF (If not in hospital or institution, give street address or location)  NSTITUTION	C. CITY OR TOWN (If outside city limits, write	RURAL and give township
	1132 W. Lexington Street	D. STREET ADDRESS (If rurol, give locotion)	0
(	Baltimore, Maryland 21223	1132 W. Lexington Street	et
5. \$	WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10À.	Female Colored Married  . USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDU: e during most of working lite, even if retired)	STRY 11, BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
	House Wife	Alabama	USA
13. 1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Y	773 26 27 27 2	
15. V	James Williams Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Emma M.N. Unknown	ADDRESS
Yes	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		
	218-20-560	El Rev. Joseph Barnes 1132	W. Lexington St.
	450,0	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	erteriosclerosis	Jun
	(This does not meon the mode of dying, e.g., DUE TD	NUCUOUSCO COSCO	27/3
	heart failure, osthenio, etc. It means the diseose,		/
	injury or camplication which caused death,)		
	DUE TD	**************************************	
	DISEASES OR CONDITIONS, if ony, giving		1
	rise to the obove cause (A) stating the (C) UNDERLYING CONDITION last,		
ATION	DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT,		
RTIFICA	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE IN CERTIFYING CA	
_		.g., in or obout 21 C. WHERE DID (If in Baltimore t, office bldg., INJURY OCCUR?	e City, give exoct locotion)
0	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
2		While	
	Work L At V		1 4 1.
	22. I certify that (I) (this hospital) attended the deceased from	4-12-1967 10 /0	196
	that (I) (we) last saw the deceased alive on $12-6$	X 19 (a   and that in(my) (sur) opi	nion death occurred on the
	and hour and from the couses stated above. (!) (**) (did) (did no	it) view the body ofter death.	
	23A, SIGNATURE		23B. DATE SIGNED
	Percival L. Amite M.D.	Allending Med. Stoff Phys.	12-5-67
	23C-PHYSICIAN'S	Phys. Director Phys. 23D. ADDRESS	, , , ,
	NAME (Type)	1709 Gwynns Fa	lls Pkwy.
24A	N. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF REMOVAL (Specify)	CREMATORY 24D. LOCATION (Ci	ity, lown, or county) (State
	Burial 12-7-67 Arbutus Mem.		
25A	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
		Arlington S. Phillips 17	



SID

3

Baltimore, Maryland

Arlington S. Phillips 1727 N. Monroe St.

11855

(If outside city limits, write RERAL and give township)

If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours

21224

ONSET AND DEATH DAYS

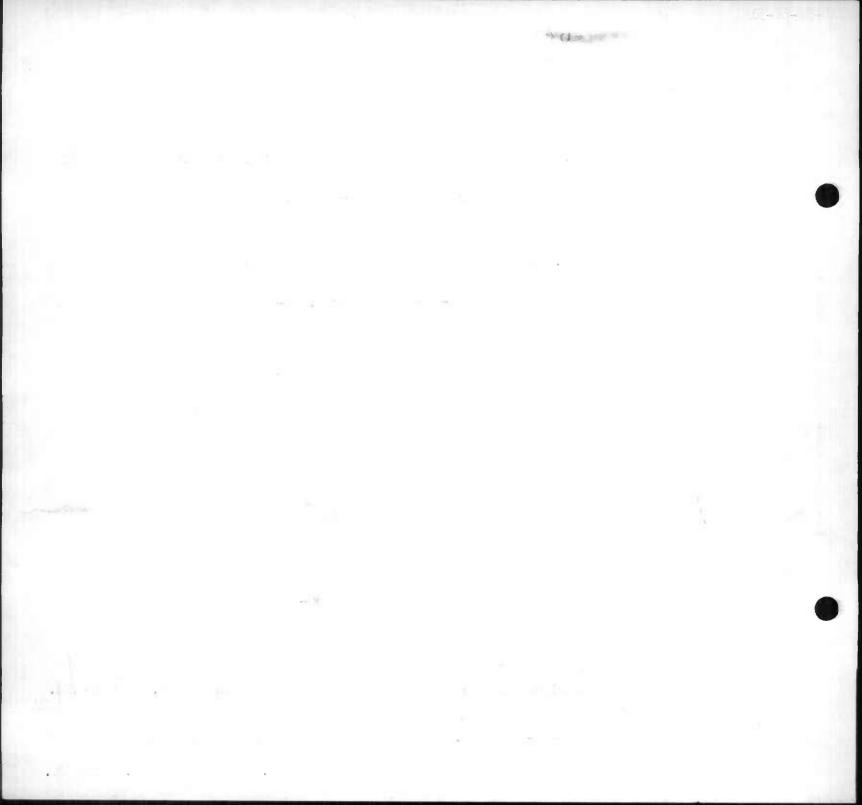
(City, town, or county)

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR

ADDRESS



	67	11856 BALTIMORE	CITY HEALTH DEPARTMENT			
	KIN NO.	CERTIFIC	CATE OF DEATH Registered N	67 11856		
1	NAME OF DECEASED		2. DATE AND HOUR OF DEA	TH		
(1	ype or Print) HARGARET	W. CLARK	12-7-67	12-7-67 9.00 P. W.M. [4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission)		
3	PLACE OF DEATH IN BALTIMORE, MAR		4. USUAL RESIDENCE (Where deceased lived. A, STATE B. COUNTY	tl institution: residence before admission)		
1	FULL NAME OF (If not in hospitol o	r institution, give street	BA MARYLAND			
	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, wr	ile RURAL and give township)		
1	JUERCY HOSPITA	L	D. STREET ADDRESS (If rural, give location)	10-00		
P		· ·				
1	SEX   6. RACE   7	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years			
	F W	SINGLE (specify	10-13- <b>GA</b> lost birthdoy) 73	Months Doys Hours Min.		
	5A, USUAL OCCUPATION (Give kind of work) one during most of working life, even if retired)	10B, KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	RETIRED	Goverment	BALTIMOIZE	UNITED SPATES		
ī	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
.	LAMES B. CL	-ARK	HARGARET HAL	ML '		
1	o. Was Decoased Ever in U. S. Armod Forc	es? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
1	no		Family records			
lt	1B. 4 4 8 Y	CAU	SE OF DEATH	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRE	ECTLY		ONSET AND DEATH		
	LEADING TO DEATH (This does not meen the mode of	dving e.g. (A)	ELECTROLY DE I LIBALADOCE			
	heort foilure, osthenio, etc. 11 meons	the disease	,			
	ANTECEDENT CAUSES	deoin,)	DEHODRATION ?			
	DISEASES OR CONDITIONS, if o					
	rise to the obove couse (A)	stoting the (C)	A PHARYNX W/ HETAS	SR2G		
	UNDERLYING CONDITION lost.					
	OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING				
	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH OF	TED TO THE				
11	194 DATE OF OPERATION 198 CONF	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
	ED DONE		00			
	21A. A CCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY ( home, farm, loctory, stre	e.g., in or obout 21C. WHERE DID (If in Balti tet, office bfdg., INJURY OCCUR?	more City, give exact location)		
	21D. TIME (Month) (Dov) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
	OF INJURY (APPROX)		While Work			
	22. I certify that (1) (this hospital)			12 - 7 19.62		
	that (1) (we) lost sow the deceased					
and haur and fram the causes stated above. (1) (We) (did) (did not) view the bady ofter death.  23A. SIGNATURE  23B. DATE SIGNED						
	Money C. 1	pus M.D.	Attending Med. Stoff Phys. Director Phys.	12-7-67		
	23C. PHYSICIAN'S		23D. ADDRESS			
	SAMUEL A- TO	2.Dr.e	M.D. MERCY HOSPITAL	L		
1	4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY		(City, town, or county) (State)		
	REMOVAL (Specily)	67 Nov. Cathara	nl Com	Manu land		
2		67 New Catheer	al Cem. Baltimore	, Maryland ADDRESS		
	DEC 12 1967 (1	Chest E. Jaken	C.F.EVANS & SON 88	02 Harford road		
IF	\$ 150~REV. 1/1/65		101111111111111111111111111111111111111			

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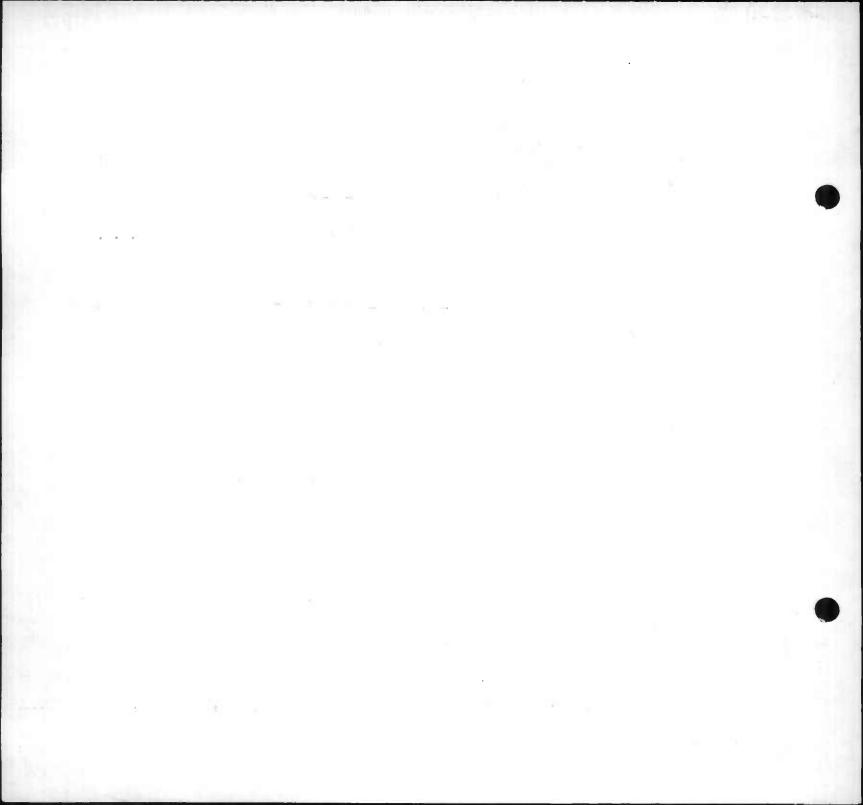
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J# 1920# (U393H

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31-34-92	C7 1105)	Y HEALTH DEPARTMENT  67 11857
and eath ased the Such	M.E. CASE NO.  L. NAME OF DECEASED	ATE OF DEATH Registered No.
	(Type or Print) BITTNER MARIE	6 December 1967 6 15 Am.
hospital ise of a (5) Dece ance or death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
	FULL NAME OF ((If not in hospitat or institution, give street HOSPITAL OR oddress or (acotion)	Maryland C. CITY OR TOWN (If outside city (imits, write RURAL and give pw/sship)
a ca	Baltimore City Hospitals	Baltimore 26-08
D.= _ L .	3/ 4940 Eastern Avenue Baltimore, Maryland 212,24	D. STREET ADDRESS (If rurol, give location)  243 South Highland Avenue 21224
F 2 0 0	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   (f Under 1 Yr.   If Under 24 Hrs.   Months; Doys Hours   Min.   Months; Doys Hours   Min.
occur ontrib ermin regul eased is ma	Female White Married (specify)	8-16-1890 77
dete dete in i	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)  However Fe	11. BIRTHPLACE (Stote or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
disposition	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
directly (4) the won the laise	UNK.	Unk.
assistant if the di ny kind; d death ance on r final di	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or upknown) (If yes, give wor or dotes of service)  216 -09-7 43	2_Records:BCH-4940 Eastern Avenue 21224
if think he dan dan or fi		OF DEATH INTERVAL BETWEEN
P P P P P P P P P P P P P P P P P P P	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ASPIRATION PNEUMONITIS
. Als ure o onou r atte	(This does not mean the mode of dying, e.g., DUE TO heart foilure, asthenia, etc. It means the disease,	13/11-11 (1010 [Neomon] (15
niner ract po pr gula emb	injury or complication which coused death,)  ANTECEDENT CAUSES  (B)  DUE TO	
A h	DISEASES OR CONDITIONS, if ony, giving	
alexelexelexelexelexelexelexelexelexelex	rise to the obove couse (A) stating the (C)	
f medical medical y burns; physicia ian was e remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	FRACTORY ANEMIA
chief y a n Body the p tysicic	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
for to	U 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Boltimore City, give exect locotion) office bldg., INJURY OCCUR?
ta t	DEATH (notify medical examiner) etc.)	
the hospite iny nature; except wh and (6) No	21 D. TIME (Month) (Doy) (Year) (Hourl 21 E. INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?
5 5 × × E td	22. I certify tha (1) (this haspital) attended the deceased fram	November 1967 106 DECEMBER 1967.
000.0		R 19 6 ond that in my) (aur) opinion death accurred on the date
tased to dent of ospital death) must be	ond haur and fram the couses stated above. (1) (We) (did) (did not)	view the body after death.  238. DATE SIGNED
ccic	rewy J. reckniau Ph	tending Med. Stoff Phys. X 6 December 196
	PAME (Type) Melvyn S. Tockman M.D	230. ADDRESS 4940 Eastern Avenue, Baltimore, Maryland 21224
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	
This certification of the body shows: (1) was D.O was deceased written a	12/9/67 Burial Ht. Carme	(Com Batte. Mayland
This the b show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR  ADDRESS  Coulles
	VS 150-REV. 11 (65 1 2 130)	11



BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11858

M.E. CASE NO.						
1. NAME OF DE (Type or Print)	CEASED		No. of the last of	2. DATE AND HOUR PRONOUNCED DEAD		
	NSELM SPURRIE	ER		Dece	mber 8, 1967	7 1 7:45 am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where	deceosed lived. If insti	itution: residence before odmission)	
FILL NAME OF	TIE NOT IN HOSPIT	AL OR INISTITI	ITION CIVE STREET	Marylan	d	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	ATION)	JTION, GIVE STREET	C. CITY OR TOWN (If outside	le corporate limits, write	RURAL ond give township)
Maillollok				Baltimo	re	11-00
) 0 702 N	. Howard St.	D O A		D. STREET ADDRESS (If rurol	give location)	
702 N	. noward St.	D.U.A.		702 N. Howar	d St.	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Male	White		DIVORCED(specify)	Ameri 12 1900	lost birthdoyl	Months Doys Hours Min.
		Singl		April 12, 1899 RY II. BIRTHPLACE (State or foreign	68	12. CITIZEN OF
done during most of	working life, even if retired)				gii 00 -iiii),	WHAT COUNTRY?
Cle		St	ore	Balto. Md. U. S. A.		
3. FATHER'S NA						
	Walter D.	Spurrie	r	Anna Malon	3	
	ED EVER IN U.S. ARMEI		16. SO CIAL SECURITY NO.	17. INFORMANT Balto.	Md. 21212	ADDRESS
No	7007 8.10 1101 01 001		215-05-8997	Mrs. J. Alban E		Inderwood Rd.
1B. / / ~				E OF DEATH	Magorb 4707	INTERVAL BETWEEN
49	3 X I		CAUS	DE OF DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION D	RECTLY	TNAT			
(This does	not meon the mode of		(A) PN E	eumonia		
heort foilure	e, osthenio, etc. It meon	s the discose,	201.10			
	The second secon					
	ANTECEDENT CAUSE		(B)			
	OR CONDITIONS, IF A		DUE TO			
UNDERLY	ING CONDITION LAST.					
8			(C)			
-		CONTRIBUTI	N.C			
O THE	ONIFICANT CONDITIONS DEATH BUT NOT RE					
E DISEASE C	OR CONDITION CAUSIN				Toop wee sween et	LIDINGS CONSIDERS
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  (C)  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  (C)  10  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  (C)  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  (C)  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  (C)  10  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED						
				Partial		
	OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., e, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Baltimore City, gi	ve exoct location)
	USE OF DEATH.	etc.)				
Z 21 D TIME	(Month) (Doy) (Yea	or) (Hour) [	TE. INJURY OCCURRED	21F, HOW DID INJ	URY OCCUR?	
OF INJURY			WHILE AT NOT	WHILE		
		m.	WORK AT	WORK		
22.	rtify that I held on	Inquiry 🔲	Inspection P A	utopsy X and that on th	is bosis, death in r	ny opinion
resu	ilted from: Notural co	uses V a	Accident Suici	de Homicide	Undetermined monn	er
		1		CHIEF MEDICAL E		
ACTUA	1 50	141	1110 -			DATE SIGNED
SIGNAT	TURE	20	W.1	D. ASSISTANT MEDICAL E		
EXAMI				ASSOCIATE MEDICAL E		
NAME	(Type) Edwar	d F. Wi	I SON M. D.	COPILLATORY 1995		cember 8, 1967
23A. BURIAL CR REMOVAL (Speci		23	C. NAME OF CEMETERY	OF CREMATORY 23D.	LOCATION (City	, town, or county) (State)
Burial		0. 1967	New Cathedr	el Cem. Re	lto. Md.	
	Dec. 1		OF REGISTRAR	24C. FUNERAL DIRECTO		ADDRESS
	DEC 12 1967	DO 6	E. Falley M.S.	C Twoman Ga	harah 3510 Fm	ederick Ave. Balto.
	7465 - 7 1001	Howel	C. Carrey M.	G. Truman Sc	man JOTE LL	MARITUR MAR. DATEO.

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death.

prior

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5. SEX

BIRTH NO.

M.E. CASE NO. I, NAME OF DECEASED (Type or Print)

FULL NAME OF

HOSPITAL OR

INSTITUTION

Female

Helen Marie Bentz

(If not in hospital or institution, give street

10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY

D.O.A. South Baltimore

General Hospital

7. MARRIED, NEVER MARRIED

Married

WIDOWED, DIVORCED (specify)

Hoffman Awning Co.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

6. RACE

done during most of working life, even if retired)

oddress or location)

White

67	11859	BALTIMORE CITY HEALTH DEPARTMENT					
		CERTIFICATE OF DEATH	Registe				
		2. DATE AND	HOUR OF				

Sept. 22, 1

07 44070
67 11859
1.13 P.M.
ion: residence before odmission)
L ond give township
30 25 0
Under 1 Yr If Under 24 Hrs.
Under 1 Yr. If Under 24 Hrs. Inths Doys Hours Min.
CITIZEN OF
WHAT COUNTRY?
U. S. A.
ADDRESS
arles St. 21230
INTERVAL BETWEEN
10.0.A.
15°gs.
INGS CONSIDERED OF DEATH?
y, give exoct locotion)

130 E. Fort Ave.

Operator 13. FATHER'S NAME 14. MOTHER'S MAIDE John Brandt Elizat 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO Mr. Lerov I No CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, e.g., heart foilure, osthenia, etc. It meons the diseose, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE I home, form, foctory, street, office bldg., INJURY OCC MEDICAL DEATH (notify medical examiner) 21E. INJURY OCCURRED 21 D. TIME (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (I) (this haspital) attended the deceos#d from that (I) (we) lost sow the deceased alive an ond that in (my) (aur) opinion death occurred on the date and hour and from the id not) 23A, SIGNATURE 23B. DATE SIGNED Attending Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAY CREMATION, REMOVAL (Specify) 24C, NAME of CEMETERY of CREMATORY 67 Cedar Hill 25B. NAME OF REGISTRAR Cemetery /67 Anne Arundel Co. ADDRESS HEALTH DEPT. FUNERAL DIRECTOR

. MP June - 13/4/m 45 45 4 3 24 3 H Mary ... man . mil.

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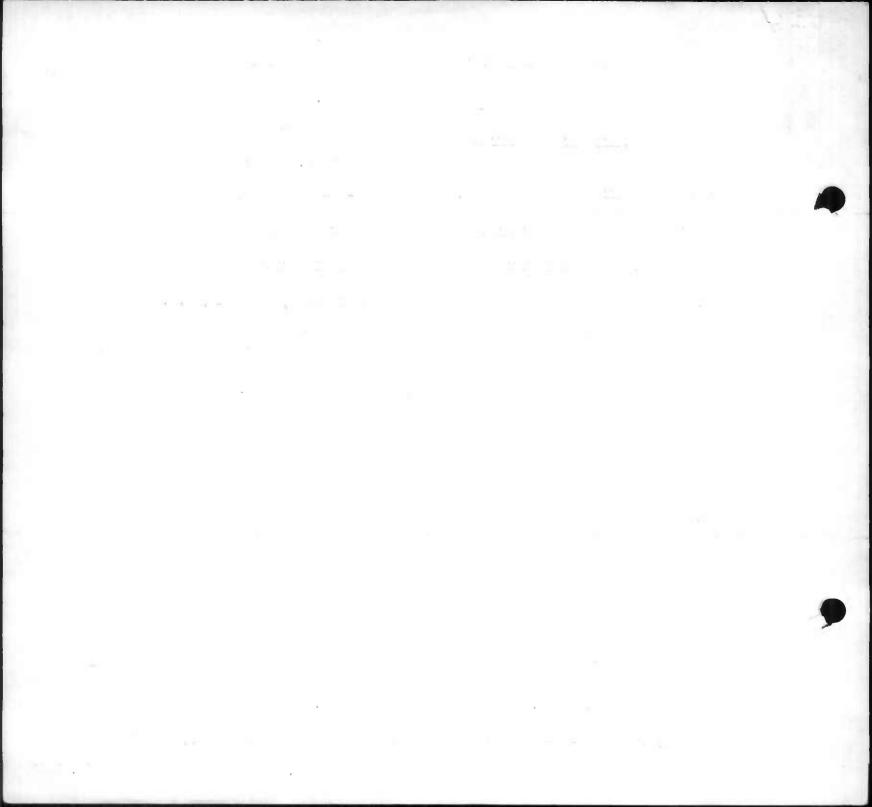
BALTIMORE CITY HEALTH DEPARTMENT					
BIRTH NO. 67 11860 CERTIFICATE OF DEATH Registered No. 67 11860					
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
(Type or Print) HEDIAN, Ralph Victor	December 10, 1967   3:45 A. M.				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	Maryland Baltimore C. CITY OR TOWN (If outside city limits, write RURAL and give towardin)				
Veterans Administration Hospital	C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore				
2 7 3900 Loch Raven Blvd.	D. STREET ADDRESS (If rurol, give location)				
Baltimore, Maryland 21218	316 E. 33rd St.				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.				
Male Caucasian Married  10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY	1-31-94 73				
done during most of working life, even if retired)	WHAT COUNTRY?				
Police Force					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Alfred M. Hedian	Ella V. Haley				
15. Wos Deceased Ever in U. S. Armed Forces?   16. SOCIAL   (Yes, no or unknown) (If yes, give wor or dotes of service)   SECURITY NO.	17. INFORMANT Records ADDRESS				
Yes 4-20-17 to 8-13-19 215-22-37-02					
3 10,00	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Septicemia 24 Hours				
(This does not mean the made of dying, e.g., DUE TO	70000				
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	grene Of Small Bowel 24 Hours				
ANTECEDENT CAUSES (B)	***************************************				
DISEASES OR CONDITIONS, if any, giving Supe	erior Mesenteric Artery Embolus 36 Hours				
rise to the above cause (A) staling the (C) UNDERLYING CONDITION last.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION NO 10B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  19A. ACCIDENT WAS UNDERLYING 12B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exect locofion)					
	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)				
DEATH (notify medical examiner)	office bldg., INJURY OCCUR?				
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
While At Work  (APPROX.)  While At Work  At Work					
22. I certify that XIX (this haspital) attended the deceased fram November 24, 1967 to December 10, 1967					
that (M) (we) lost sow the deceased alive an December 10, 1967 and that in (My) (our) opinion death occurred on the date					
and hour and from the causes stated above. XIX (We) (did) Xd(XXXI) view the body after death.					
23A. SIGNATURE					
M.D. Attending Med. Director Phys. 12/10/67					
23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS				
John L. Cameron M.D.	Veterans Administration Hospital, Balto., Md.				
24A- BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CE	REMATORY 24D. LOCATION (City, town, or county) (State)				
	The factor of Dalling Market Dalling Market				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS					

25C. FUNERAL DIRECTOR
Eugenia K. Seitz 5209 York
Seitz Funeral Home Balto.

Filosof Person 

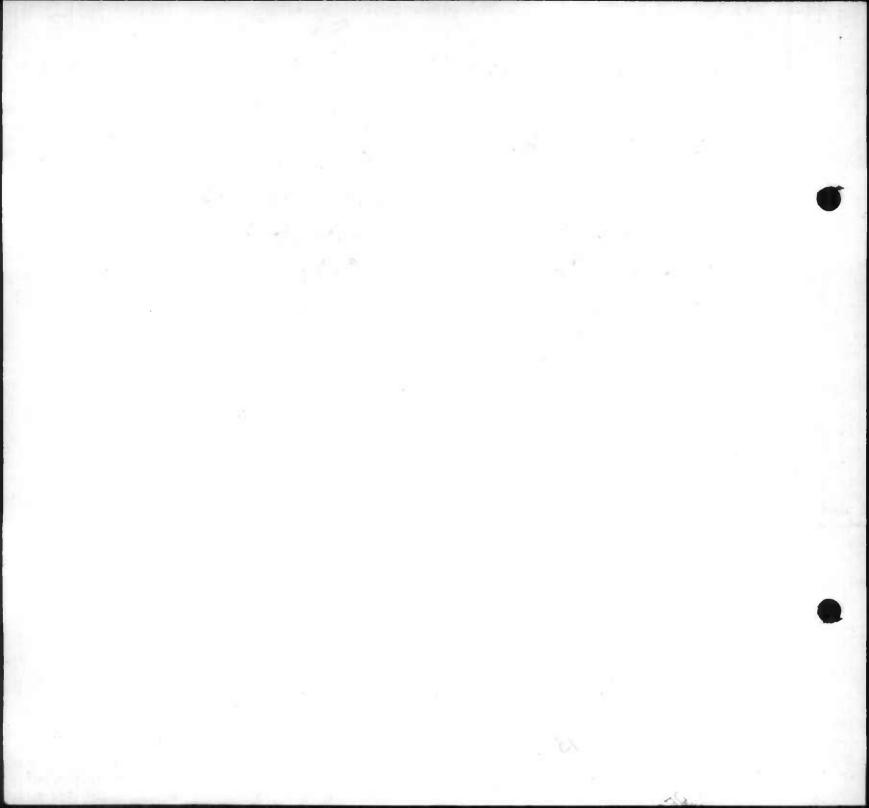
	9	0	밀
	t d	to	lature; (2) Body burns; (3) A fracture of any kind; (4) Und
<b>—</b> ·		7	4
FUNERAL DIRECTOR: IMPORTANT	ant	0	÷
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F/3//1	BALTIMORE CITY HEALTH DEPARTMENT
2005	BIRTH NO. 67 11861 CERTIFICATE OF DEATH Registered No. 67 11861
hospital and ise of death (5) Deceased ance on the death. Such	1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH
- de de -	(Type or Print) CLYDE FAIRCLOTH 12-9-67 7.30 P. N
hospital ise of c (5) Dece ance ol death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission) A. STATE B. COUNTY
hospi se os (5) Do ance deat	FULL NAME OF (If not in hospital or institution, give street
a hos cause se; (5) endan	HOSPITAL OR oddress or location) INSTITUTION  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
e 52.	Baltimore D. STREET ADDRESS (If rutol, give locotion)
	26 S. Highland Avenue
course tribut mined gular sed p	5. SEX 6. RACE 7. MARRIED. NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   1 Under 1 Yr.   1 Under 24 Hrs.
occurring intribution is mad	FEMALE WHITE Single 3-17-97 lost birthdoy 70 Months Doys Hours Min.
rif death rect or co (4) Undete was in r the dece	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	RETIRED TEXTILE NORTH CAROLINA USA
	13. FATHER'S NAME
	BLACKMAN FAIRCLOTH LIZZIE GILES
TAN istant he dii kind; death ce on nal di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.
IMPORTANI r his assistant Also, if the di of any kind; ounced death ittendance on	NO LACY BRACH, ROSEBORO, N.C.
s as any ced any ced	18. 44 3 X I CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
IMPC or his c Also, if e of an nounce attend	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) ARTERIOSCLIEROTIC HEART DS 5 YES
0 4 5 5 5 5	(This daes not mean the made of dying, e.g., DUE TO
R: er. er. ctu	heart failure, astheria, etc. 11 means the disease, injury or complication which caused death.)
CTOR: caminer. A fractu vho pro regular	ANTECEDENT CAUSES (B) HYPRETENSIVE HEART US STES
0 2 4 4 5 0	DISEASES OR CONDITIONS, if ony, giving
ical exciple size of the size	rise Ia the abave cause (A) stoling the (C)UNDERLYING CONDITION tost.
L DIR adical of dical of rrns; (3 rsician was in	
_ 0 0 5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
VER.	DISEASE OR CONDITION CAUSING IT.  194. Date of Operation 198. Condition for which Operation 204. Autopsy? (Yes or No) 208. If Yes, Were Findings Considered
FUNER of the chief response to the physicial ore the properties the physicial ore the core th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FUNERA y the chief mital by a mer e; (2) Body bu here the phy No physician before the re	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect locotion)
by the pital re; (whe No No de be	DEATH (notify medical examiner) etc.)
0 d 1 3 D	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While
ved hos natu	(APPROX.) While At Work At Work
FECXED	22. I certify that (I) (this hospital) attended the deceased from March 14 1962 to 6 2 21 1967
0000.0	that (I) (we) lost sow the deceased alive an October 21 1967 and that in (my) (aur) opinion death occurred on the dat
W - 0 8	ond hour and from the courses stated above. (1) (We) (did) (did) view the body after death.
ust be assed dent ospit deat	23A. SIGNATURE  23B. DATE SIGNED  12-10-67
a + + - = =	Phys. Director Phys.
was r An a L at c prior	23C. PHYSICIAN'S NAME (Type) TDYTN P WADTAN 120 C PROADUAY
	IRVIN B. KAPLAN M.D. 129 S. BROADWAY  24A. BURIAL CREMATION, [24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, lown, or county) (Stole)
dy (1)	REMOVAL (Specify)
bod bod ws: s D.C	BURIAL 12-13-67 ROSEBORO CEMETERY SAMPSON CO., NORTH CAROLINA  25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS
This certif the body shows: (1) was D.O deceased written a	DEC 12 1967 R. C. & E. Starling HOWARD H. HUBBARD 4107 WILKENS AVE. 21229
4,	VS 150-REV, 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. and (4) Undetermined cause; (5) Deceased of death M.E. CASE NO. Suci I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Print) LO O death. DEATH IN BALTIMORE ance B. COUNTY Cause (If nat in hospital or institution, give street C. CITY OR TOWN FULL NAME OF HOSPITAL OR address or location) attend INSTITUTION Secour prior contributing made. regular 5. SEX 6. RACE 9. AGE (In years eceased WIDOWED, DIVORCED (specify) lost birthdoy) 10A. USUAL OCCUPATION (Give kind of work) 0B, KIND OF SUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) disposition Ē Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the O death 0 15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) kind; 6. SOCIAL final SECURITY NO. attendance any 18. pronounced 10 DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does no) mean the mode of dying, e.g., heart failure, as)henia, e)c. It means the disease, examiner. regular injury or complication which coused death,) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if ony, giving <u>e</u> rise )a the above cause (A) s)a)ing the = the physician UNDERLYING CONDITION IOSI. burns; No physician was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (2) Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 8 WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING where OR CONTRIBUTING \_ CAUSE OF DEATH (notify medical examiner) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hout) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While -(APPROX.) At Work

hospital (If outside city limits, write RURAL and give, Ξ. occurred If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? ONSET AND DEATH by the chief medical examiner be obtained before the remains 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) to the hospital any nature; approved (except and 22. I certify that (I) (this hospital) attended the deceased from 4-9-6 7 that (1) (we) last saw the deceased alive an 3.40. 12-10-67 and that in (my) (aur) apinion death accurred an the date eath) (1) An accident of hospital he body was released must and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED certificate must Attending Phys. Med. Director Stoff Phys. 9 approval O 23C. PHYSICIAN'S 23 D. ADDRESS prior 40 NAME (Type) CREMATORY 24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY of 24D. LOCATION eceased o REMOVAL (Specify) written shows: SD HEALTH DEPT. 258 NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



				HEALTH DEPARTMENT	. /	67 44000
BIRTH NO. M.E. CASE NO.	6'	7 118	363 CERTIFICA	TE OF DEATH	Registered No.	07 11000
1. NAME OF DE	WILLIAM R.	BRIE	N		mber 7, 1967	8-45 A. M.
3. PLACE OF DI	EATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (WHA. STATE B. COU		stitution: residence before odmission)
FULL NAME	OF (If not in hospital	or institution	n, give street	11.00	inne Arundel	G
HOSPITAL OR				C. CITY OR TOWN (If o	outside city limits, write	RURAL and give township)
2 / Fr	anklin Square	Hasni	tal	Glen Burnie	If rurol, give location)	52-00
36	anair oquere	rioup I			y Dr., Arund	el Hills
5. SEX	6. RACE		ED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
Male .	White	M	arried	Jan. 30, 1900	67	
	CUPATION (Give kind of wor of working life, even if retired)	k 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Plaste	erer	Con	struction	New York,		U.S.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
Jar	nes O'Brien			Catherine	Bolger	
15. Was Decease	od Ever in U. S. Armed Fo	rces? es of servic	e) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			114-07-7383	Marie O'Brien	- 1138 McHen	ry Dr. Glan Burnia
18. 41. 9	0,11			F DEATH	2270 1201011	INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION D		7	/. 0	-17.1	S A -
(#I : I	LEADING TO DEATH		(A) C	ronaby for	Jan Jeon	207-
heort foilure	nol meon the mode o , osthenio, etc. 11 meon	s the diseo			in	. /
injury or co	implication which couse			aronary }	Moonto	AL U
	ANTECEDENT CAUSE	S	DUE TO		V	
	OR CONDITIONS, if			ranady a	story dela	7
	he obove couse (A) IG CONDITION last.	sioning	(C)			
	11			//	- 4	219
U TO THE	VIFICANT CONDITIONS			more		
DISEASE OF	DEATH BUT NOT REL R CONDITION CAUSING	IT.		The state of the s		
19A. DATE C		NDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING		21B. PLACE OF INJURY (e.g., i	in or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
A DEATH (noti	fy medical examiner)		etc.)	mice bidge, into all occor.		
21D. TIME OF INJURY	(Month) (Doy) (Year	(Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
S OF INJURY			While At Not Whi Work At Work			
22	Abaa /1\ /Abia baasisa	-1\ -445-da		Telow - 20	19 50 to M	DV-27 1967.
	y that (I) (this hospite		2/1	7 7 7 5		
	e) last saw the deceas					inian death accurred on the date
		ated above	. (1) (We) (did) (did nat)	view the bady after death	1.	23 B. DATE SIGNED
23A. SIGN AT	OKE A/		M.D. AH	ending Med.	Stoff	
1	no 11	euce	Phy	ys. Director	Phys.	December 8, 1967
PHYSICI NAME	(Type)			23D. ADDRESS		
		leubau				re, Md. 21225
24A. BURIAL CR		240	NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION	ity, town, or county) (State)
Burial		967	Glen Haven Mem	orial Park Ri	tchie Hewy.	A.A.Co., Maryland
25A. DATE REC'	D BY HEALTH DEPT.	,	NE OF REGISTRAR	25C. FUNERAL DIRECTO	OR .	ADDRESS
	ULG 12 1967	R.D.	& E talkenna	George J. Go	nce-4001 Rit	chie Hgwy., Baltimer
V\$ 150-REV. 1/1	/65				2	

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L DIRECTOR: IMPORTANT	IMPORTANT	S****
		4
edical examiner	or his assistant it death occurred in a hospital and	-
dical examiner.	dical examiner. Also, if the direct or contributing cause of death	5
urns; (3) A fractur	ırns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	-
rsician who proi	nounced death was in regular attendance on the	0
more in some	Attendance on the decement arior to death. Such	

written

shows:

Was

BALTIMORE CITY HEALTH DEPARTMENT 67 11864 CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 2, DATE AND HOUR OF DEATH I.NAME OF DECEASED R. Margaret Irwin (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND (Where deceased lived, If institution; residence before admission) B. COUNTY A. STATE Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION Baltimore D. STREET ADDRESS (If rurol, give location) SOUTH BALTIMORE GENERAL HOSPITAL 3703 Sixth Street made. 5. SEX 9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) Femald White Widow 4/22/83 .5 10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) U.S. Baltimere, Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Houck Mary Duggan 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Mrs. Margaret Kallas -Rt. 3, Box 313, Arnold, Md No CAUSE OF DEATH INTERVAL BETWEEN 10 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., mbal hearl failure, asthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the S UNDERLYING CONDITION last. remain Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE phy DISEASE OR CONDITION CAUSING IT. (2) Body 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 0 WAS PERFORMED 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) ū 21A. ACCIDENT WAS UNDERLYING where OR CONTRIBUTING CAUSE OF hospital °Z DEATH (notify medical examiner) etc.) nature; MEDI obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not White (except White At (APPROX.) Work At Work and any 12/2/67 22. I certify that (X) (this haspital) attended the deceased from..... 12/9/67 that (10 (we) lost saw the deceased alive an.... \_19\_\_\_\_ond that in \_\_\_\_\_\_ (our) apinion death occurred on the date of hospital and hour and from the couses stated above. (!) (We) (did) (did not) view the body ofter death. must accident 23A. SIGNATURE Phys. XX Attending Mad. M.D. Phys. Director approval 0 23C. PHYSICIAN'S 23D. ADDRESS at NAME (Type) An S.B.G.H. - 1213 Light Street d eceased body D.O.

24A. BURIAL CREMATION. REMOVAL (Specify) Burial 12-12-1967 Hely Cress Cemetery Ritchie Hgwy., A.A.Co., Maryland 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR George J. Gence-4001 Ritchie Hgwy. Baltimore VS 150-REV. 1/1/65

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## FUNERAL DIRECTOR: IMPORTANT the chief medical examiner or his assistant if do

contributing cause of death

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occurred

(4) Undetermined cause; (5) Deceased

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VS 150=REV. 1/1/65

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**Body burns;** 

(7)

the body was released to the hospital by

approved

certificate must be

shows: (1) An accident of any nature;

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) December 10, 1967 | 5:25 A.N

4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A, STATE
B. COUNTY CASIMIR C. KENDRYNA eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR addiess or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION 0 <u>Baltimore</u> prior D. STREET ADDRESS (If rurol, give location) 3308 Moravia Road 3308 Moravia Road is made. 5. SEX 6. RACE MARRIED, NEVER MARRIED B, DATE OF BIRTH 9. AGE (In years If Under 1 Yi. If Under 24 Hrs. deceased Months Doys Hours WIDOWED, DIVORCED (specify) lost birthdoy) Male ′3/1885 White Widowed 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) Butcher Meat Packing Poland Poland 13. FATHERS NAME the 14. MOTHER'S MAIDEN NAME John Kendryna Unknown O 5. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance Mr. Thaddeus Kendryna, 3308 Moravia INTERVAL BETWEEN ONSET AND DEATH 0 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, gular injury or complication which caused death.) ANTECEDENT CAUSES 9 before the remains are DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost. Was Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF °N DEATH (notify medical examined MEDI obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While While At (APPROX.) and At Work 22. I certify that (I) (this haspital) attended the deceased from Decay 10 19 60 to Decay eath); 9' 19 6 7 and that in(my) (our) opinion death occurred on the date that (1) (we) lost saw the deceased alive on Dice ond hour ond from the causes stoted obave. (1) (We) (did) (did not) view the body ofter deoth. must 23A. SIGNATURE 23 B. DATE SIGNED O Attending Med. 9 approval Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior Sczerbicki 1802 Eastern Avenue 24C. NAME of CEMETERY of CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (Qty Myn Xor county) eceased REMOVAL (Specify) 12/13 67 Holy Cross Baltimore. 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR M.F.SADOWSKI & SONS, 1808 EASTERN AVE

## MEDICAL EXAMINED'S CEPTIFICATE OF DEATH Positional No

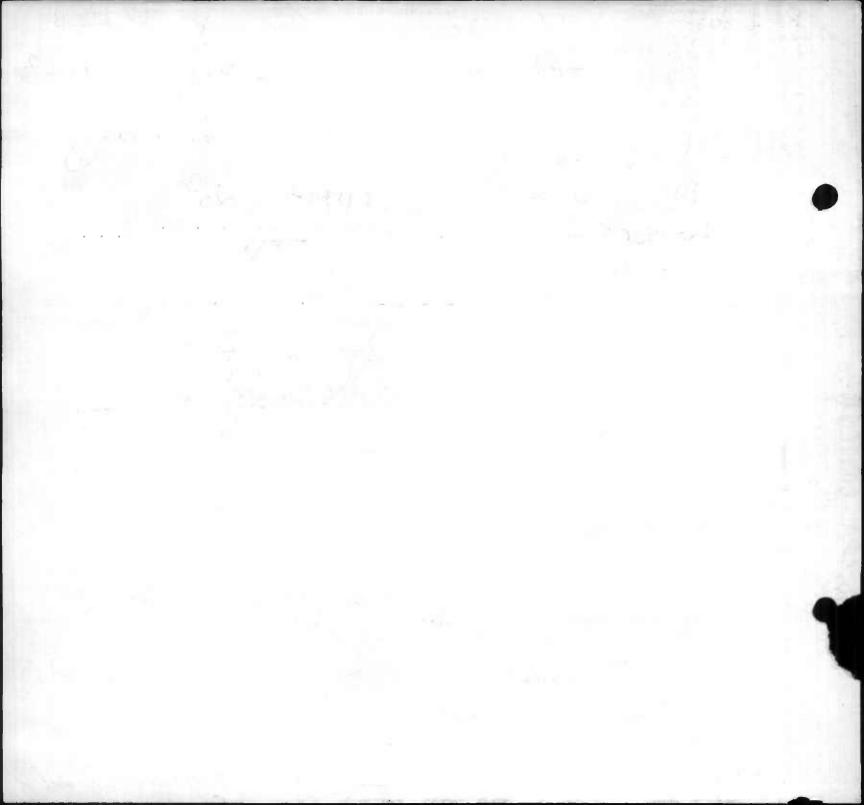
BIRTH NO.	MED	ICAL EXAMINER	3 CER	CHICATE OF L	PATH Regist	ered ito.
M.E. CASE NO.						
Type of Print)	CEASED			2. DATE AND	HOUR PRONOUNG	CED DEAD
	MAURICE D. C	OSTIN Se		Dec	ember 10.	1967   7:05 p.m.
. PLACE IN BAL	TIMORE, MARYLAND, V	HERE PRONOUNCED DEAD	4. A	USUAL RESIDENCE (Where	deceased lived. If in: B. CO	stitution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTION, GIVE STRI ATION)	EET	Maryland city or town (If autside	corparate limits, wri	te RURAL and give to washin
				Baltim	ore	20-00
232/	Sidney St.		D	. STREET ADDRESS (If rurol,		
2324	braney be.			2 <b>3</b> 24 Sidney	S-716	
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify		DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.
Male	White	MAPRIEL	/	VOV. 13, 189.	72	
	UPATION (Give kind of wo warking life, even if retired)	A TOB. KIND OF BUSINESS OR IN	NDU STRY 11	. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Mo u	1 1	IRON HOUNG	101	MARULA	nd	11.54
FATHER'S NA	ME	+ 100 1.04 V C		MOTHER'S MAIDEN NAME		4-0-71.
X	41	Dat.	/	11. + 11	, 2	
1)	AMES M.	FORCES? 16. SOCIAL	17	MATILLA	-	ADDRESS
es, no or unknow	ED EVER IN U.S. ARME		). I'	INFORMANT		ADDRESS
VES	WORLD WAR	7 213-10-72	4182	RobT. W. Cost,	1 2374	Cidate Aus
MB. 1/ O	Juonia war	1	CALLSE	F DEATH	2327	INTERVAL BETWEEN
142	21/1		CAUSE O	DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION D					
	LEADING TO DEAT	(A)	Art	eriosclerotic C	ardiovascu]	lar Disease
heart lailure	nat mean the made a e, asthenia, etc. It mean	dying, e.g., DUE TO	)			
injury or co	implication which coused	death.)				
	AUTTOTOTOTOTO					
	ANTECEDENT CAUSI	(R)	***************************************			
	OR CONDITIONS, IF .		0			
	NG CONDITION LAST.					
5		(C)				
	II SNIFICANT CONDITIONS					
DISEASE	DEATH BUT NOT RE					
19A. DATE O	F OPERATION 19B. CO	NDITION FOR WHICH OPERATION OF THE PROPERTY OF	N		20B. IF YES, WERE F	
21 A. EXTERNA	AL CAUSE WAS	DID BLACE OF INTHE	NV / :-	NO	If in Palatone Cia	
UNDERLYING	OR CONTRIB-	hame, form, factory,	street, offic	or about 21C. WHERE DID (e bldg., INJURY OCCUR?	it in Baltimore City,	give exoct locotion)
21D TIME	(Manth) (Day) (Yes	n) (Hour) 21E. INJURY OCC	URRED	21F, HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)			NOT WH	III 6		
		m. WHILE AT	AT WOR	K		
22. I ce	rtify that I held an	Inquiry Inspection X	Autap	sy ond that on thi	s basis, deoth in	my opinion
resu	Ited from: Natural co	uses X Accident	Suicide	Homicide L	ndetermined mon	ner
1	7	17 1		CHIEF MEDICAL EX		
ACTUA	1 4 N. 10	14/16	-			DATE SIGNED
SIGNA		1811 N 1180		SSISTANT MEDICAL EX		
EXAMI	NER'S		A	SSOCIATE MEDICAL EX	AMINER	
NAME	(T )					D 1 . 11 10/
	Type) Edward	F. Wilson, M.D.				December 11, 196
A. BURIAL CR	EMATION, 23B. DATE	F. Wilson, M.D.			CATION (Cit	y, lawn, ar county) (Stote)
A. BURIAL CR	EMATION, 23B. DATE	23C. NAME of CEN				y, tawn, ar county) (State)
BA. BURIAL CR EMOVAL (Speci By M.) AA. DATE REC'E	EMATION, 23B. DATE  Iy)  BY HEALTH DEPT.	23C. NAME OF CEN	OCE A			y, tawn, ar county) (Stote)
BURIAL CR EMOVAL (Speci BURIA 4A. DATE REC'E	EMATION, 23B. DATE  Iy)  BY HEALTH DEPT.	23C. NAME OF CEN	OCE A	24C. FUNERAL DIRECTOR GEO-L-Schwi	BALTIM ab Hunega	L HOME
A. BURIAL CR MOVAL (Speci Buria A. DATE REC'I	EMATION, 23B. DATE  Iy)  BY HEALTH DEPT.	23C. NAME of CEN	OCE A	24C. FUNERAL DIRECTOR GEO-L-Schwi	BALTIM ab Hunega	y, tawn, ar county) (State)

Marchan Free House Marghana : The property of the contract o The same supported beautiful as as in

	an made		Y HEALTH DEPARTMENT	CM 4400m				
BIRTH	NO. 67	11867 CERTIFICA	ATE OF DEATH Registered N	o. b/ 11867				
1. NA/	ME OF DECEASED	11-4 - 1	2. DATE AND HOUR OF DEA	TH				
	ACE OF DEATH IN BALTIMORE, MARYL	HOBART H	JECEMBER 8	f institution: residence before admission)				
			A. STATE B. COUNTY					
HO	LL NAME OF (If not in hospital or in oddress or location)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C. CITY OR TOWN (If outside city limits, with	te RURAL ond give township)				
INS	The Johns Ho	pkus Hospila,	ELMIRA	V-29				
3	3 Baltimore, N	Vary land 21205	D. STREET ADDRESS (If rurol, give locotion) 825 W. WATER STR	EET				
5. SEX		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.				
M	ALE WHITE	MARRIED	HW 18/1904 65 0hs	A CONTRACTOR				
	SUAL OCCUPATION (Give kind of work) 10 f uring most of working life, even if relired	D. A. A. A.	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
13. FA	THER'S NAME	Radiologue.	Wisconsin 14. MOTHER'S MAIDEN NAME	VIS.A.				
13. FA		2011	CORNELIA	c ppince				
15. W	JOHN HENRY BUF		17. INFORMANT	ADDRESS				
Yes, n	o or unknown) (If yes, give wor or dotes o	f service) SECURITY NO.						
118		CAUSE	Rev. Hobart A. Burch Be	thesda, Md.				
	CAUSE OF DEATH  CAUSE OF DEATH  ONSET AND DEATH  ONSET AND DEATH							
	LEADING TO DEATH	(A)	feute Marrive Coronary	Justant,				
h	This daes nat mean the mode of dy eart failure, asthenia, etc. It means the	diseose,	Thrombag	is. (Sudden)				
ir	njury ar camplication which coused de  ANTECEDENT CAUSES	oth.)						
	DISEASES OR CONDITIONS, if any	DUE TO						
ri	se to the above cause (A) sta							
		1-11	b late of in 1111					
NO S	II  OTHER SIGNIFICANT CONDITIONS CON  TO THE DEATH BUT NOT RELATED		post operative - Left me	+-1				
A	DISEASE OR CONDITION CAUSING IT.	cea juxu	Paule elmy 4 Excision of Acom  [20 A. AUTOPSY? (Yes or No!) 20 B. IF YES. WE	she Neuroma.				
THE	198. CONDITION WAS PERFOR		IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?				
U 2	A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltin	more City, give exact lacotion)				
	R CONTRIBUTING CAUSE OF EATH (notify medical examiner)	etc.)	affice bidg., INJURY OCCUR?					
0 2	D. TIME (Month) (Doy) (Year) (I	Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?					
>	APPROX.)	While At Wark At War						
2:	2. I certify that (I) (this bossite) a	ttended the deceased from	11 30 1967 10	12 8 19 67				
11	not (1) (wa) last sow the deceased o	live on 12 8 '		opinian death occurred on the dat				
	nd hour and from the couses stated		view the body ofter deoth.					
23	A. SIGNATURE	· B1 1	AAAd - Sast	23B, DATE SIGNED				
	Circuit	TORUSKAU M.D. A	Med. Stoff Phys. X	12/8/67				
23	NAME (Type) CHHABI	BHUSHAN M.	THE JOHNS HOPKING HOSP	ITAL, BALTIMORES, M.				
24A.	BURIAL GREMATION, 24B. DATE OF	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION	(City, town, or county) (State)				
	FUNERAL SPECIAL FUNERAL CANSPORTATION 12/12/6	7 Forest Lawn Cem	etery Elmira, New	York				
	DATE REC'D BY HEALTH DEPT. 25	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
		but E, talke, M.	Caston Funetal H	Catonsville, Md.				
VS 15	0-REV. 1/1/65							

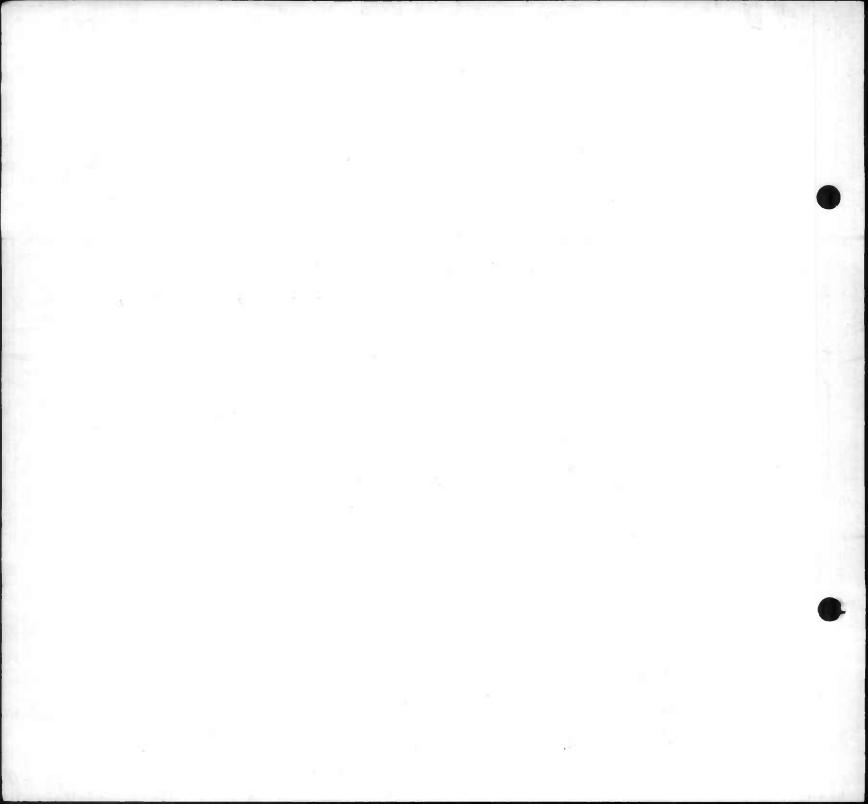
Men does Fr The John Hopkins Hospits. ELMIAR Baltimere, Mangland 21905 825 W. WATER STREET AW 18,1904 63 44 MARRIES STIHL MALE M.D. (Radislaya) Radislayat. A 2. V Acute Marnine Coronaugh 10 Hours pool sparation - Late Mal-Left Resurte Neurous. 465 Ma12121 108 111 12/01 Chlebo Bhunhar. 43/8/61 X CHHADI BHUSHAN THE JOHNS HOPKING HOSPITAL, DALTIMONES, MICH

	OM BALTIMORE CITY I	HEALTH DEPARTMENT 67 11868
	ATH NO. ALE CASE NO.  67 11868 CERTIFICAT	TE OF DEATH Registered No.
1	NAME OF DECEASED	OSE 2. DATE AND HOUR OF DEATH
3	FULL NAME OF (If not in hospital or institution, give street	4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission) A. STATE B. COUNTY  Carroll
	011	C. CIT OR TOWN (If outside city limits, write RURAL, and give township)  F. T. I.K.S. RURG  D. STREET ADDRESS (If rural, give location)
	Mnio. Hop. Me	56-00
	WIDOWED, DIVORCED (specify)	DATE OF BIRTH  9. AGE (In yeors 3   If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
d	100000 in bakery & Chem. plant	Greenbrier County, W. Va. WHAT COUNTRY? U.S.A.
1	Uriah Rose	4. MOTHER'S MAIDEN NAME Nancy Taylor
1:0	S. Wos Deceased Ever in U. S. Armed Forces?  (es, no or unknown) (If yes, give wor or dotes of service)  Yes  WWI  16. SOCIAL  SECURITY NO.  234-26-5412-6	7. INFORMANT A Mrs. Gertie G. Rose, Finksburg #2 Maryla nd
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A)	DEATH  ONSET AND DEATH
	(This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  (B)	ntha Cochos) Domontosz
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.	15Lib
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	D 27 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, olfice of the control of the cont	or obout 21 C. WHERE DID (If in Boltimore City, give exact locotion) ce bldg., INJURY OCCUR?
110	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive an	19 to St 19 19 19 19 19 19 19 19 19 19 19 19 19
	and haur and from the causes stated above. (1) (We) (did) (did not) vie	ew the body ofter death.
	rnys.	diag Med. Stoff Phys. Director Phys. D. ADDRESS
2	23C. PHYSICIAN NAME (Type)  4A. BURIAL CREMATION 24B. DATE 24C. NAME of CEMETERY of CREM	Viv. Md Hoppito).
	REMOVAL (Specify) Durial 12/12/67 Lake View Mem. (	0.1
	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2507 FUNERAL DIRECTOR ADDRESS ADDRESS MA
V	S 150-REV. 147/05	y warming, ma



T-	tant if death occurred in a hospital and street or contributing cause of death ond; (4) Undetermined cause; (5) Deceased	on the deceased prior to death. Such
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and of the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death. Such

1		TH NO. Kent G., Md. 67 11869 BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT
			TE OF DEATH Registered No. 67 1869
200	1, N	E. CASE NO. NAME OF DECEASED pipe or Print.	2. DATE AND HOUR OF DEATH
		PLACE OF DEATH IN BALTIMORE, MARYLAND	16:35 P.M. Dec. 1, 6 M.
5	3. F	PEACE OF DEATH IN SACINGUE, MARIEAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
3	F	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	(C. CITY OR TOWN (If outside city limits, write RURAL ond give tawnship)
2	"	INSTITUTION // / / /	SUDLERSVILLE 67-00
	5	3) ohms Hopen Hospia	D. STREET ADDRESS (If rurol, give location)
2 9	5. S	SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE Of BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Days Hours: Min
s ma		WIDOWED, DIVORCED (specify)	3 3
		A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1 ne during most of warking life, even if refired)	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
position	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
dispo	-	Thompson, Eduardo	Thompson blades
	15. \ (Yes		Thompson, Sudlersville, Maryland
final		Second No.	Cambai Manipson, Successville, Marylana
0 0		IB. 25 4, 5 I CAUSE OF	DEATH INTERVAL BETWEEN ONSET AND DEATH
med		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	manutal Heart
baim		(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	Jane 11 al
a P		injury at camplication which coused death.)	
0 0		ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving	talononolour
Sar		rise to the above cause (A) stating the UNDERLYING CONDITION last.	Rottin
mains		II	no as o const
E O	NOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	u am omiti
the r	ICAI	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
re t	ERTIFIC		IN CERTIFYING CAUSES OF DEATH?
efore		OR CONTRIBUTING CAUSE OF home, form, foctory, street, offi	or obout 21C. WHERE DID (If in Boltimore City, give exact location) ice bldg., INJURY OCCUR?
P	0		21F. HOW DID INJURY OCCUR?
ine (o		OF INJURY While At Not White	
bta		22. I certify that (I) (this haspital) ettended the deceased from	er 3 1967, Dec 7 1967
be o		that (I) (we) lost saw the deceased alive on Sept 7 (10:35	PM/9 67 and that in (my) (our) opinion death occurred on the date
ust b		ond hour and from the couses stated above. (1) (We) (did) (did not) vi	
E		234 SIGNATURE M.D. Atten	ading Med. Stoff 7
		Phys. Clarks	Director Phys. 128
approval		NAME (Type St Dh A Pir Gmara.D.	Johns Hopkins Hospital
ap	24A	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	MATORY 24D. LOCATION (City, town, or county) (State)
ten		Burial Dec. 9 Salem Church ya	Rural Centreville, Maryland
written	25A	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
3 3	Ve	DEC 12 196/ (1) Contract E. Tolkey 100	I cagor of one Church Itel Mid



-2	6-6	6	1	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing sause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

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M-L BIRTH NO.	tro 67	1187	U	HEALTH DEPARTMENT TE OF DEATH	Registered No.	67 11870
	OF DECEASED MILLS	, Madel:			AND HOUR OF DEATH	
3. PLACE	OF DEATH IN BALTIMORE, MA	DELINI		4. USUAL RESIDENCE (WI	heye deceased lived, if i	nstitution: residence before admission)
FULL N HOSPITA		1)		MARYLAND  C. CITY OR TOWN (If of	BALTIMORE	RURAL ond give township)
31	4940 Eastern Baltimore, M	Avenue		D. STREET ADDRESS (316 Wye Road	If rurol, give lacotion)  1 - 21221	53.00
5. SEX FEMAI	6. RACE	7. MARRIED, WIDOWED		B. DATE OF BIRTH  10/31/89	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USU Al	L OCCUPATION (Give kind of work most of working life, even if retired)					12. CITIZEN OF WHAT COUNTRY?
13. FATHER	GEORGE ST	EVENS		14. MOTHER'S MAIDEN N MARGARET	AME	
(Yes, no or u	eceased Ever in U. S. Armed For Inknown) (If yes, give wor or dote		16. SOCIAL SECURITY NO. 2/3-/6-6458	17. INFORMANT RECOF 4940 Eastern	RDS: Baltimon Avenue, Balt	re CityoHospitals timore, Md. 21224
18.	DISEASE OR CONDITION DIR	ECTLY	CAUSE OF	A C (R) Remy	kueseis	INTERVAL BETWEEN ONSET AND DEATH
DISEA	does not meen the mode of foilure, osthenio, etc. It meens or complication which coused ANTECEDENT CAUSES  ASES OR CONDITIONS, if to the obove cause (A) IRLYING CONDITION tost.	The disease, death.)	(C)	y culo its	iles Epigno	dectary 3mos
E TO T	R SIGNIFICANT CONDITIONS C FHE DEATH BUT NOT RELA SE OR CONDITION CAUSING I	TED TO THE				
U 19A.D. U 21A. A OR CO DEATH	ATE OF OPERATION 198, CON	DITION FOR V		20A. AUTOPSY? (Yes or I YES a probout 21C. WHERE DID hid bidg., INJURY OCCUR?	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATHIS  TE City, give exact location
21D. TI OF INJ	JURY		INJURY OCCURRED  le At Not While At Work	21F. HOW DID IN	NJURY OCCUR?	
that (	certify that (I) (this hospital  I) (we) lost sow the decease our and from the causes stat	) attended the	le deceosed from /2/7	19 6 / ond	that in (my) (our) op	inion death occurred on the date
	GNATURE  VISICIAN'S LEONARD LIF  AME (Type) CEONARD (	PAN		Med. Director  BHIT. CITY	stern Avenue	
	AL CREMATION, 248. DATE DVAL (Specify) REC'D BY HEALTH DEPT.	25B. NAME O	THE OF CEMETERY OF CRE	CEM 25C. FUNERAL DIRECTO	BALTO.	(Stote)  (Stote)  ADDRESS
V\$ 150-RE		Rolling	E starker F.A.	J.U. COM	NELLY SO	NS 300 MACE

astern A

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	H NO.	67	1187		TE OF DEATH	Registered Na.	67 11871
1. N	AME OF DEC	EASED			2. DATE AN	ND HOUR OF DEATH	
	e or Print)	Daisy Stro	ohm		Dec	9,1967	M
3. F	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe	ere deceosed lived. If in:	stitution: residence before admission)
- }	FULL NAME OF HOSPITAL OR NSTITUTION	F (If nat in haspital address or location		give street	Maryland c. city or town (If our Baltimore	Baltimor	
l E	Selvede:	re House in t	he Pine	S			
5. S		6. RACE		NEVER MARRIED	3614 Sylvan I	9. AGE (In years	T 16 11-1-1 2 V. 16 11-1 24 14
F	emale	White	WIDOWED	wed	10-29-1882  11. BIRTHPLACE (State or fore	lost birthdoy) 85	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
		working life, even if retired)	IIUB. KIND OF	BOSINESS OK INDOSIKI	II. BIKIHPLACE (Sigre or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	At Hom	е			Baltimore, Ma	aryland	USA
13.	FATHER'S NA	ΛE			14. MOTHER'S MAIDEN NA	ME	
	Georg	e Utterbaugh			Mary Jane P	Bell	
15.	Was Deceased	Ever in U. S. Armed Far-	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(162		(If yes, give war ar dote		SECURITY NO.	Carrer T Ctmol	hm Cm 361	A Sulvan Drive
	NO 18.	/ 🗸 .		CAUSE 0	George T.Strol	niii, 51 301.	INTERVAL BETWEEN
	10	SE OR CONDITION DIR	DECTIV				ONSET AND DEATH
	DISEA	LEADING TO DEATH	KECILI	Ca	man of The	1. 29	
	heorl failure,	at meon the made of asthenia, etc. It meons	the disease,	DUE TO	ncer of sto		
		ANTECEDENT CAUSES		(B)			
	DISEASES C	OR CONDITIONS, if above couse (A)	ony, giving	DUE TO			
		G CONDITION last.	oroning mo	(0/		a w a ft क क क क्रमा क्रम क्रम क्रम क्रम क्रम क्रम क्रम क्रम	
ATION	TO THE D		ATED TO THE		suff.		
RTIFIC /		OPERATION 198. CON WAS PERI	IDITION FOR V	WHICH OPERATION	20 AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
AL CE	21 A. ACCIDES OR CONTRIBU DEATH (notify	NT WAS UNDERLYING DING CAUSE OF medicol examiner)	21 B. hom etc.)	e, form, factory, street, of	or about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exoct location)
EDIO	21 D. TIME	(Month) (Doy) (Yeor)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
×	(APPROX.)			le At Not While	e 🗀		
			Wor				
	that (I) (we)	lost saw the deceose	ed alive an		19and th	nat in(my) (aur) opii	nian deoth occurred an the dat
	and have an	d from the causes stat	ted abave. (I	) (We) (did) (did nat) v	few the bady after death.		
	23A SIGNATU	Ata Acado	1.14	M.D. Atte	ending Med.	Stoff Phys.	23B. DATE SIGNED
	23C. PHYS CIA		FF. M. I		23D. ADDRESS	in VII	DJ.
244	BURIAL CRE			AME of CEMETERY or CRE	MATORY 24D. L	OCATION (Cit	ly, town, or county) (State)
	Burial	12-12-6	7	udon Park Ce		altimore, Ma	
25A	DE DE	0 12 1967 R	Cub &		25C. FUNERAL DIRECTO		ADDRESS Liberty Hghts. Av
VS	150-REV. 1/1/	65	-				

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Y a bar of the way of the same 
TANT	istant if death occurred in a hospital and he direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the ce on the deceased prior to death. Such all disposition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the quecased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

NAME OF DEC	546 67			2 DATE AN	ID HOUR OF DEAT	TH
Type or Printl				12-7-		
PLACE OF DE	ugene Peter ATH IN BALTIMORE MAI	RYLAND				6:45 finstitution: residence before admiss
				A. STATE B. COUN	ITY	i institution: residence before agmis
FULL NAME OF HOSPITAL OR Oddress or locotion)  NSTITUTION  Veterans Administration Hospital  3900 Loch Raven Boulevard			Pennsylvania			
				Iside city limits, wri	te RURAL and give township)	
			York		1/ 3:	
			D. STREET ADDRESS (IF	ruiol, give location)	1 - 20	
Baltimore, Maryland 21218		232 South Persing Avenue				
SEX			NEVER MARRIED		9, AGE (In years	
Male	Caucasian	Divor	ced (specify)	12-1-15	52 birthdoyl	Months Doys Hours Mi
A. USUAL OCC	UPATION (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	working life, even if retired)			7		
Bartende	r			Loysburg, Penn	isylvania	U.S.A.
- FAIREKS NA	IVIL			14. MOTHER'S MAIDEN NA	ME	
Walter I	mler			Clara Bingham		
. Was Deceased	Ever in U. S. Armed Ford	ces?	1 6. SOCIAL	17 INCORNA ANIX	3 5	ADDRESS
	n) (If yes, give wor or date:	s of service)	162-12-99-1-7	_	al Records	3
Yes					n Blvd, Ba	altimore, Maryland
1B. / 6 3	3 X		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIR	RECTLY	36.1	-L1- L- B	3	
	LEADING TO DEATH Me			stasis to Pericardium		3 Weeks
			(A)			
	nal mean the made of		(A) DUE TO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
heart failure,		the disease,	DUE TO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
heart failure, injury ar car	nal mean the made of asthenia, etc. It means mplication which caused	the disease,	DUE TO  Canc	er of Lungx		6 Months
heart failure, injury ar car	nal mean the made of asthenia, etc. It means application which caused ANTECEDENT CAUSES	the disease, death.)	DUE TO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
heart failure, injury ar car	nal mean the made of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a	the disease, death.)	Canc	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
heart failure, injury ar car DISEASES ( rise to th	nal mean the made of asthenia, etc. It means application which caused ANTECEDENT CAUSES	the disease, death.)	DUE TO  Canc	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
heart failure, injury ar car  DISEASES ( rise to the	nal mean the made of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A)	the disease, death.)	Canc	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
heart failure, injury ar car  DISEASES ( rise to the UNDERLYIN	nal mean the made of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if a cle abave cause (A) G CONDITION last,	The disease, death.)  any, giving stating the	(C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
hearl failure, injury ar car DISEASES ( rise to th UNDERLYIN	nal mean the made of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if a cabave cause (A) G CONDITION last.	The disease, death.)  any, giving stating the	(C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
hearl failure, injury ar car DISEASES ( rise to th UNDERLYIN	nal mean the made of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if a cabave cause (A) G CONDITION tost,  IFICANT CONDITIONS CONTENT OF RELA CONDITION CAUSING IT FOPERATION [198. CON	The disease, death.)  any, giving stating the ONTRIBUTING TO THE TO THE TOTAL THE TENTRAL	(C)	er of Lungs		6 Months
DISEASES ( Tise to the UNDERLYIN	nal mean the made of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if a classifier cause (A) G CONDITION tost.  Illicant conditions CODEATH BUT NOT RELACEDENT CAUSING IT	The disease, death.)  any, giving stating the ONTRIBUTING TO THE TO THE TOTAL THE TENTRAL	(A) DUE TO  Canc (B) (C) (C)	er of Lungs		
DISEASES (1) THE RESIGNATE OF THE DISEASE OR TO THE DISEASE OR TO ATE OF THE DISEASE OR TO ATE O	nal mean the made of asthenia, etc. It means implication which caused ANTECEDENT CAUSES  OR CONDITIONS, if a classification is a classification of the conditions of the conditions of the condition causing if the condition causing if the condition of the conditi	The disease, death.)  any, giving stating the ONTRIBUTING TO TH T.  DITION FOR VECTOR MED	(A) DUE TO  (B) Canc (C) (C)	er of Lungs    20A. AUTOPSY? (Yes or No) NO	D) 208. IF YES, WEI	6 Months  RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES (rise to the UN DERLYIN  OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBE DEATH (rask)	nal mean the made of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if a cabave cause (A) G CONDITION tost,  IFICANT CONDITIONS CONTENT OF RELA CONDITION CAUSING IT FOPERATION [198. CON	The disease, death.)  any, giving stating the ONTRIBUTING TO THE TO THE TOTAL	(A) DUE TO  Canc  (B) DUE TO  (C)  G E  WHICH OPERATION  PLACE OF INJURY (e.g., i.e., lorm, foctory, steet, o.e.)	er of Lungs	D) 208. IF YES, WEI	6 Months
DISEASES (rise to the UN DERLYIN)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF THE OR CONTRIBED DEATH (rest)	nal mean the made of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if a cobove cause (A) G CONDITION for a conditions Copeath But not related to the condition of australiant of the condition	Ihe disease, death.)  any, giving stating the ONTRIBUTING TO THE TO THE TOTAL	G E WHICH OPERATION  PLACE OF INJURY (e.g., i.e., larm, foctory, street, o	20A. AUTOPSY? (Yes or No NO NO n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	D) 20B. IF YES, WEI IN CERTIFYING (	6 Months  RE FINDINGS CONSIDERED CAUSES OF DEATH?
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BIRTH NO.

5. SEX

Female

Maryland

Baltimore

C. CITY OR TOWN

D. STREET ADDRESS

A. STATE

IMPORTANT

VI, L.	CA.	3E 14	U,
1. NA	ME	ÓF	DECEASED
-			

BERTHA 3. PLACE OF DEATH IN BALTIMORE MARYLAND OHARA

2. DATE AND HOUR OF DEATH DECEMBED 1967 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

(If rural, give location)

(If outside city limits, write RURAL and give townships

9:20 AM

FULL NAME OF HOSPITAL OR INSTITUTION

(If not in hospital or institution, give street address or location)

Baltimore City Hospitals 4940 Eastern Ave.

Baltimore, Maryland

Married

7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)

845 S. Kenwood Ave. 8. DATE OF BIRTH 9. AGE (In years tost birthdov)

B. COUNTY

If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min.

White IDA, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Housewife

6. RACE

Home

West Virginia 14. MOTHER'S MAIDEN NAME WHAT COUNTRY? U.S.A.

12. CITIZEN OF

13. FATHER'S NAME

Grover Lamar Bennett IS. Was Deceased Ever in U. S. Armed Forces?

Josie Bell Clouston 17. INFORMANT

ADDRESS 21224

No

SECURITY NO.

BCH: Records 4940 Eastern Ave. Baltimore, Md. CAUSE OF DEATH

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dving, e.g.,

(Yes, no or unknown) (If yes, give wor or dates of service)

heart foilure, asthenia, etc. It means the disease, injury or camplication which coused deoth.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION last.

) REMIA

ARCINOMA

ANEMIA

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION

WAS PERFORMED

20 A. AUTOPSY? (Yes or No)

21F. HOW DID INJURY OCCUR?

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

(If in Soltimore City, give exact location)

CERVIX

21 A. ACCIDENT WAS UNDERLYING Ü OR CONTRIBUTING CAUSE OF CAL DEATH (notify medical examiner)

218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?

MEDIC OF INJURY (APPRDX.)

(Month) (Dov) (Year) (Hour) 21E INJURY OCCURRED

While At Work

Not While At Work

22. I certify that (this hospital) attended the deceased from 28 November 1960 to DECEMBER 1967 that (we) lost sow the deceased alive on ... \$ ... and that in (our) apinion death occurred on the date ond hour ond from the couses stoted obove. (1) ((a) (did not) view the body ofter deoth.

23A, SIGNATURE mestille 23 C. PHYSICIAN'S

M.D. Attending Phys.

23D. ADDRESS

Med. Director

DECEMBERAG HOSPITALS CITY

DECEMBER 1967

NAME |Type) Michael R. Mc M

M.D. 24C. NAME of CEMETERY of CREMATORY

940 timore.

Md. (City, town, or county)

REMOVAL (Specify)

12/12/67 Brick Church Cem.

Huttonsvill, West Virgina 25C. FUNERAL DIRECTOR

23 B. DATE SIGNED

25B. NAME OF REGISTRAR

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

W. E. Johnson 8521 Loch Raven Blvd.

CAREMAR OF CERTS South

TO STATEMENT BY

407

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SECTIONS CAY MOST THE

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67 11874 BALTIMORE CITY HEALTH DEPARTMENT

67 11874

BIRTH	NO. MEDICAL EXAMINER'S C	ERTIFICA	TE OF DEATH Registered No.	
M.E.	CASE NO.			
1. Na (Type	AME OF DECEASED (SOL) SOLOMON (SOL) TUBLIN		December 8, 1967	3:35 P. M.
	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESID A. STATE Maryla	DENCE (Where deceased lived. If institution: re B. COUNTY	esidence before odmission)
HOSE	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) TUTION	C. CITY OR TO	WN (If outside corporate limits, write RURAL	and give township)
	5725 Ranny Road	Baltin D. STREET ADD	RESS (If rural, give location)	9111
6		5725 E	Ranny Road	
5. SE		B. DATE OF BIRT		der 1 Yr. If Under 24 Hrs.
Ма	1000	NOVEMB	ER7,1913 54	
	JSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY during most of working life, even if refired)  Working Weller  Work with the control of the control o	1300		TZEN OF
13. FA	morris Tublin	14. MOTHER'S M	AAIDEN NAME	
15. W	AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	ADDR	223
	ngarunknown) (If yes, give war ar dates of service) SECURITY NO.	Mes	Lois Butousky	Calarbrook
1	B. = O TO CAUSE	OF DEATH	1	INTERVAL BEAVEON
	F7/6X1			ON THAT DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cunshot	t Wound of	f Head	
	(This does not meon the made of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	e would of	I Hodd	
				1 25 U.S.
	ANTECEDENT CAUSES			
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE			
	UNDERLYING CONDITION LAST.			
	(C)			
E	II CONTRIBUTION			
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
CER	9A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY	(? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	
<b>₹</b> 2	1A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., home, form, foctory, street, c		WHERE DID (If in Boltimore City, give exact	(acation)
	INDERLYING A B CONTRIB- UTING CAUSE OF DEATH.  Home, form, foctory, street, of the contribution of the co	office bldg., INJUR	5725 Ranny Road	
	1D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?	
(	12/0/07 Official WORK AT W	WHILE X	shot self in head	
			d that an this basis, death In my apin	lan
	resulted fram: Natural causesAccidentSuicid	e A Hamici	ide Undetermined manner	
	ACTUAL MANISH TOTAL	-	EDICAL EXAMINER X	DATE SIGNED
	SIGNATURE Werner U. Spitz, M.D.	0	MEDICAL EXAMINER	12/9/67
22.4	NAME (Type)  BURIAL CREMATION, 238, DATE / 28C. NAME of CEMETERY S	CREATATORY	23 DAKO ATION (City, town, o	or county) (State)
	OVAL (Specify)	Lalam	1//1 0.0	MA

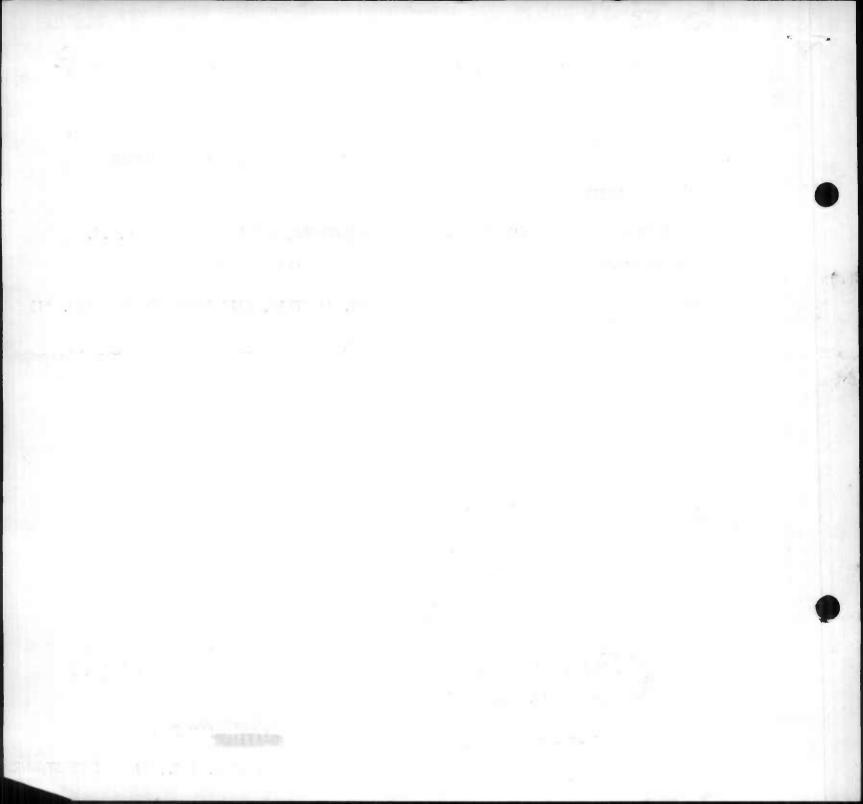
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	= 1.37		HEALTH DEPARTMENT	CM 440MF		
BII	BIRTH NO. 67 11875 CERTIFICATE OF DEATH Registered No. 67 11875					
	E. CASE NO. NAME OF DECEASED		DATE AND HOUR OF DEATH			
(T)	pe or Print) (3 0 L D/	E SCHWART	2 12/8/67	12:31 Am		
3.	PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceosed lived. If in A. STATE B. COUNTY	stitution: residence before odmission)		
	FULL NAME OF (If not in hospital Oddress or location INSTITUTION	or institution, give street	C. CITY OR TOWN (If outside city limits, write RURAL and own lowyhip)			
1	2C/1/127 /	105	1365 70	0111		
10	15//01//		D. STREET ADDRESS (If rurol, give location)	SINGISTATE		
11 _	EMALE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9, AGE (In years lost birthday) 90 XXX	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,		
	A. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	HOUSEWIFE	AT HOME	RUSSIA	U.S.A.		
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
	? COHEN		UNKNOWN			
15 (Y	Was Deceased Ever in U. S. Armed For	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
	NO	NO	MR. PAUL SCHWARTZ, 8410 CAF	RLSON LANE #21207		
	18.	CAUSE O		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIE	RECTLY	2001/1)	ONSET AND DEATH		
	LEADING TO DEATH	dying, e.g., DUE TO	73CVD			
	heart failure, asthenia, etc. It means	al I:	-2 21/ 1/200 - 10			
	ANTECEDENT CAUSES  OISEASES OR CONDITIONS, if any, giving  PERIPH, VASC DIS  DUE TO  CONDITIONS, if any, giving					
	DISEASES OR CONDITIONS, if any, giving					
	rise to the above cause (A)	stating the (C)		0000000		
	UNDERLYING CONDITION last.					
MOITA	OTHER SIGNIFICANT CONDITIONS C	ATED TO THE				
N V	DISEASE OR CONDITION CAUSING I	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED		
CEPTIFIC	11/15/67 WAS PER	FORMED GHVC	IN CERTIFYING CA			
1 3		218, PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (If in Boltimor	e City, give exact location)		
142	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	home, form, foctory, street, a etc.)	ince bidg., INJORI OCCOR:			
1 2	21 D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
1	(APPROX.)	While At Not While Al Work	le 🔲			
	22 Leastify that (1) (this haspital) attended the decorated from 1/1/2					
	that (a) (we) lost sow the deceased alive on					
23% SIGNATURE 238, DATE SIGNED						
	7 livant &	M.D. Att	ending Med. Stoff Phys.	12/8		
	23C. PHYSICIAN'S		23D. ADDRESS	1 - /		
	NAME (Type), COIT	EN M.D.	Jimas (to-	210		
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or CR	EMATORY 24D. LOCATION (C	ity/ town, or county) (State)		
	BURIAL 12-10-6		BALTIMORE, MAI			
25	A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS		
	DEC 12 1967	110 by nuera	SOL LEVINSON & BROS. INC.,	6010 REISTERSTOWN RD.		
V9	150-REV. 1/1/65					

The Land Haward Like

1	BALTIMORE CI	TY HEALTH DEPARTMENT		
	BIRTH NO. 67 11876 CERTIFIC	ATE OF DEATH Registered No.		
and eath ased th th	1. NAME OF DECEASED	2. DATE AND HOUL OF PEATH		
705	(Type or Print) TOSEPH 31 WON	12/8/61/ 1/200 M.		
hospital see of (5) Dece ance or death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY		
hosp ise and dec	FULL NAME OF (If not in hospital or institution, give street	MARYLAND		
a he constants and a to d	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
- 0 20 0	()	D. STREET ADDRESS (If rural, give location)		
ting d cau	SINAI HOSPITAL	HILTON VILLAGE, DOLFIELD AVENUE		
- 300 0	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.		
trim mi ggu	MALE WHITE WIDOWED, DIVORCED (specify)	lost birthdoy) Months Doys Hours Min.		
re re	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUST			
if death rect or c (4) Undet was in the dece	done during most of working life, even if retired)  SALESMAN  MENS CLOTHING			
de Un us as e	13. FATHER'S NAME	BALTIMORE, MARYLAND U.S.A.		
	LOUIS SIMON	LEAH ?		
ind; (e ath	15. Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL	17. INFORMANT ADDRESS		
E Y TO U E	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	MRS. AL STEIN, 6612 CROSS COUNTRY BLVD. #15		
TO 0 .		OF DEATH INTERVAL BETWEEN		
- O - E - T	Toisease or Condition Directly	ONSET AND DEATH		
Also e of noun atte	LEADING TO DEATH	where Pullemonia 16 days		
50 L B	(This does not meon the mode of dying, e.g., DUETO heart failure, asthenia, etc. It meons the disease,	8		
E B E B E	injury or complication which caused death.)  ANTECEDENT CAUSES (B)			
A fr A fr vho reg	DISEASES OR CONDITIONS, if ony, giving			
exe (3)	rise to the above cause (A) stoling the (C)			
ical rs; ( iciar as i				
DIE S & E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
me me by phy an	A DISEASE OR CONDITION CAUSING IT.			
by a m 2) Body e the p physicia ore the	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
by by 2) B 2) B e tl phy ore	WAS PERFORMED  218. PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)		
== = = = =		office bldg., INJURY OCCUR?		
hospita nature; ept whe d (6) No	O 21D. TIME (Month) (Dov) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
S to the second	While At Not W			
00 25 = =	22   4   (1) (1) (1)   4   (1) (1)   4   (1)   (1	10/00		
0 + E 9 0 0	that (1) (we) last sow the deceased alive on	19 to (2/8/6) 19 to 19		
0 0 5 -	ond hour and fram the causes stated above. (1) (We) (did) (did not			
assed to dent of ospital death) must b	23A. SIGNATURE	238. DATE SIGNED		
2 0 0 0	M.D. A	Attending Med. Stoff Phys. 12/8/69		
accident a borton	23C.PHYSICIAN'S	23D. ADDRESS		
was r was r A. at a prior pprov	NAME (TYPE) STOUTER M.	D.		
E S D B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or C	CREMATORY 24D, OCATION (City, town, or county) (State)		
cert body ws: ( D.O ease	BURIAL 12-10-67 BALTIMORE HEBR	FW E. MARY LAND		
This certification of the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS		
たもで きゅう	DEC 12 1967 G. C. & S. Stalley M.	\$01 LEVINSON & BROS. INC.,6010 REISTERSTOU"		
	1/6 1/6 DEN 1/1/1/F			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH and contributing cause of death etermined cause; (5) Deceased Such M.E. CASE NO 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) LO 2 6 6 hospital death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNT ance A. STATE BALTIMORE MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or lacotion) C. CITY OR TOWN attend INSTITUTION 0 0 RANDALLSTOWN = prior D. STREET ADDRESS (If turol, give location) occurred 8620 ROAD disposition is made. regular 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 8. DATE OF BIRTH deceased WIDOWED, DIVORCED (specify) lost birthdoy MAR 11-28-20 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) death = done during most of working life, even il retired) 0 Dud HOUSEWIFE AT HOME NEW YORK CITY Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME SAM WIENER LENA COHEN assistant LO death 15. Was Deceased Ever in U. S. Armed Farces 6. SOCIAL 17. INFORMANT or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance NO 1130-12-8175 MR. LOUIS LEVITT. any pronounced 1B. or his DISEASE OR CONDITION DIRECTLY balmed of LEADING TO DEATH fracture (This does not meon the mode of dying, heart failure, asthenia, etc. It means the disease, examiner regular examiner. injury or complication which coused death.) em ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, giving MELLITUS DIABETES the obove couse (A) stoling the physician the remains UNDERLYING CONDITION Iosi. chief medical Was burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. Body 198. CONDITION FOR WHICH OPERATION the 19A. DATE OF OPERATION WAS PERFORMED before 2 the 21B. PLACE OF INJURY le.g., in or obout 21C. WHERE DID 21 A. ACCIDENT WAS UNDERLYING where hame, farm, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF to the hospital MEDICAL DEATH (notify medical examiner any nature; by obtained 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While Al Not While (APPROX.) and Work At Work 22. I certify that (6) (this hospital) attended the deceased from that (I) (see) last saw the deceased alive an. pe of death) hospital and hour and from the couses stated above. (1) (\*) (did) (did not) view the body after death. was released must accident 23A. SIGNATURE must Attending Phys. Med. Stoff M.D. 0 Director Phy s. approval 0 23C. PHYSICIANS NAME (Type) 23 D. ADDRESS prior certificate at An M.D. was D.O.A. shows: (1) 24A, BURIAL CREMATION. eceased he body REMOVAL ISpecify decease BALTIMORE. BURTAL 12-8-67 CHIZUK AMUNO (ARLINGTON) 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR LEVINSON VS 150-REV. 1/1/65

4. USUAL RESIDENCE I Where deceased lived. If institution: residence Ilf outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. 8620 LUCERNE ROAD RESS RANDALLSTOWN. INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? IYes or Not 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact lacation) ond that in (my) (aux) opinion death occurred on the date 23B. DATE SIGNED (State) ADDRESS & BROS. 6010 REISTERSTOWN ROAD

at all time that as are legst

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance or deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

Such

1	C-7.11		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRT	H NO	67 11	879 CERTIFICA	TE OF DEATH	Registered Na	67 11879
1. N	AME OF DECEASED 13 as	net	Kessla	Dec.	enlier 9, 19	67 5:55 Am.
3. P	LACE OF DEATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE (WH		lution: residence before odmission)
	FULL NAME OF (If not in hospital OR address or lace	pital ar institutio	on, give street	new jo	u	
	NSTITUTION M+ SIA	B. Ne	irsing Home	C. CITY OR TOWN (III o	outside city limits, write RU	RAL and give township)
1	III in Parl	11+	De la Colonia	D. STREET ADDRESS (	frutol, give location)	* -
	4613 V cerce	Milk	une	888 -82	th akeni	
مرد	nacle White	1	WEB, DIVOCCED (specify)	8. DATE OF BIRTH 1884	lost bimbday!	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
	. USUAL OCCUPATION (Give kind of a during) most of working life, even if reti		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
10	messer	Cl	othing	russ	la	USA
13.	FATHER'S NAME	10-		14. MOTHER'S MAIDEN N	AME	
15. \	Was Deceased Ever in U. S. Armed	d Forces?	1 6. SOCIAL	17. INFORMANT	ton 1	Bernolly Mass
(Yes	(If yes, give wor or	dotes of servic	e) SECURITY NO.	Solomon F.	ineial Home	2-420 Harvard
	1B.4443XI		CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA		60	ageilia He	art Failure	, das
	(This does not meon the mode heart failure, asthenia, etc. It ma		.g., DUE TO			
	injury or complication which cou	used death.)		stensive Ar	tiving had	
	ANTECEDENT CAL		000 10 61			
	DISEASES OR CONDITIONS, rise to the above couse UNDERLYING CONDITION lost	(A) stoting	the (C) He	ort Disca	J (	10 7 cars
ATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSII	RELATED TO				
CERTIFICATION	19A. DATE OF OPERATION 198.		R WHICH OPERATION	11	10) 20B. IF YES, WERE FIN	DINGS CONSIDERED
CERI	2TA, ACCIDENT WAS UNDERLYIN	NG	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore C	lity, give exact location)
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)		home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?		,, ,
_	21D. TIME (Month) (Day) (Y	(Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
Σ	(APPROX.)		White At Not While At Work			
	22. I certify that (1) (this has	pitol) ottende	d the deceosed from	10/15	19 17 to 12	1967.
	that (I) (we) lost sow the dec		. 2 /0	19 6) and 1		on death occurred on the date
	and hour ond from the couses	stated above	. (1) (We) (did) (did not) v			
	23A. SIGNATURE	1	M.D. Atte	nding Med.	Stoff 2	3B. DATE SIGNED
	23 C. PHYSICIAN'S	rai	Phys	Director Director	Phy s.	wee 9/67
	NAME (TYPE ISRAE	L 21	NBERG M.D.	4000 W	- Worther	n Phory
244	PREMOVAL (Specify)  Maval  Millian	9/67 0	Teursh Neg	MATORY 24D.	everett, 7	Moss. (Stote)
25A	DATE REC'D BY HEALTH DEPT	7 25B. NAM	NE OF REGISTRAR	SEC FUNERAL DIRECTO	ON BURSIC	born Knest A
VS	1SO-REV. 1/1/65			-Un-viva		ZUILI MIKA 191

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and Such death Undetermined cause; (5) Decease hospital death. ance cause attend 0 prior contributing in regular disposition is mad deceased Was the assistant uo death IMPORTAN or final attendance any pronounced embalmed fracture regular FUNERAL DIRECTOR: who are physician remains Was burns; physician the the before where hospital °Z any nature; by obtained 9 pproved (except pup the of hospital death) must An accident 0 approval 8 prior at

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived II institution: residence before admission COUNT (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) INSTITUTION 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE Hours tast birthday kind of work 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10A. USUAL OCCUPATION (Give done during most of working Life, even if petired) 13. FATHERS NAME 15. Was Deceased Ever in U. S. Anned Farces? (Yes, na ar unknown) (Mes, give war ar dates of service) ADDRESS 6. SOCIAL SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. fl means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, larm, factory, street, affice bidg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimate City, give exact location) MEDICAL DEATH (natify medical examiner) etc.) (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Nat While (APPROX.) At Wark Work 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on..... 19\_ and that in (my) (aur) apinion death occurred on the date ond haur ond from the couses stated above. (!) (We) (did) (did not) view the body ofter deoth. 23B. DATE SIGNED 23A. SIGNATURE Attending Med. Staff M.D. Phys. Director Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) CREMATION, 25C PUNERAL DIRECTO

VS 150-REV, 1/1/65

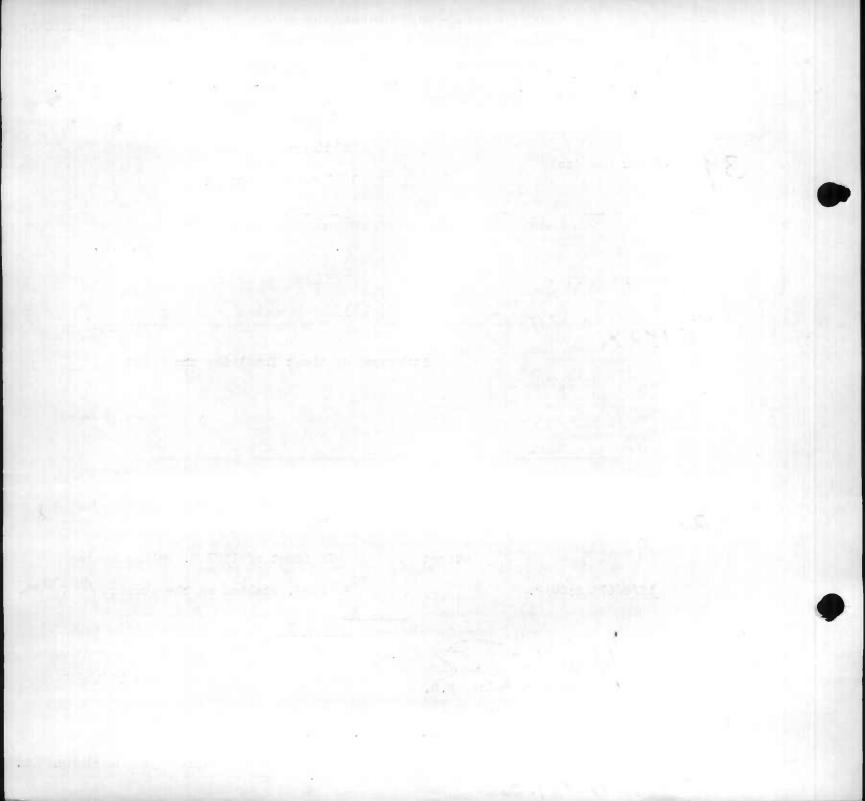
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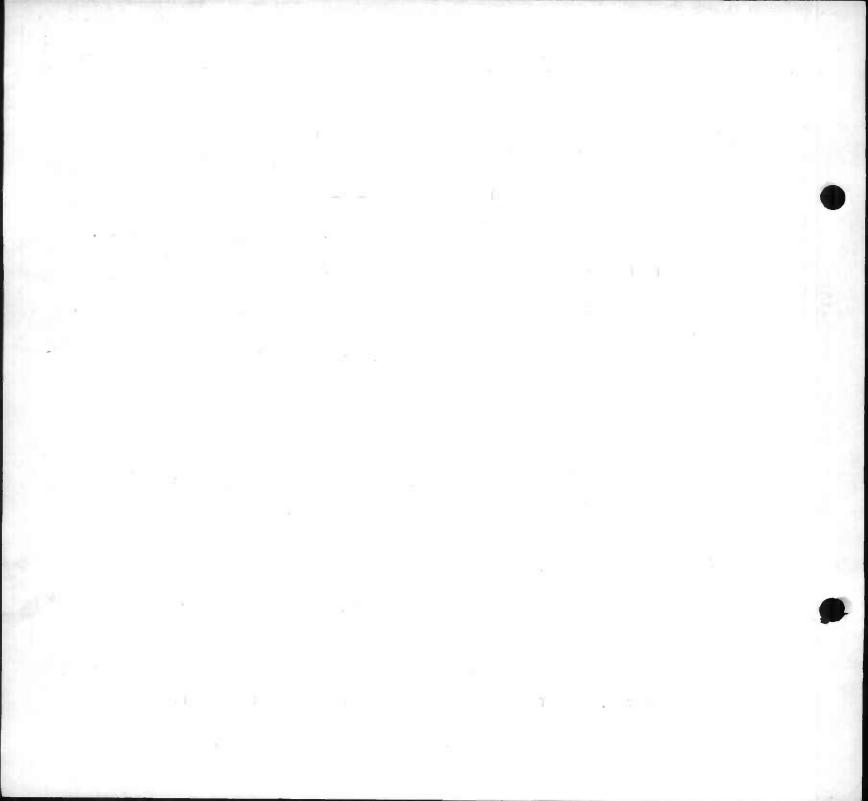
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Kelson Funeral Home 1348 Calhoun St.

VS 151-REV. 1/1/65

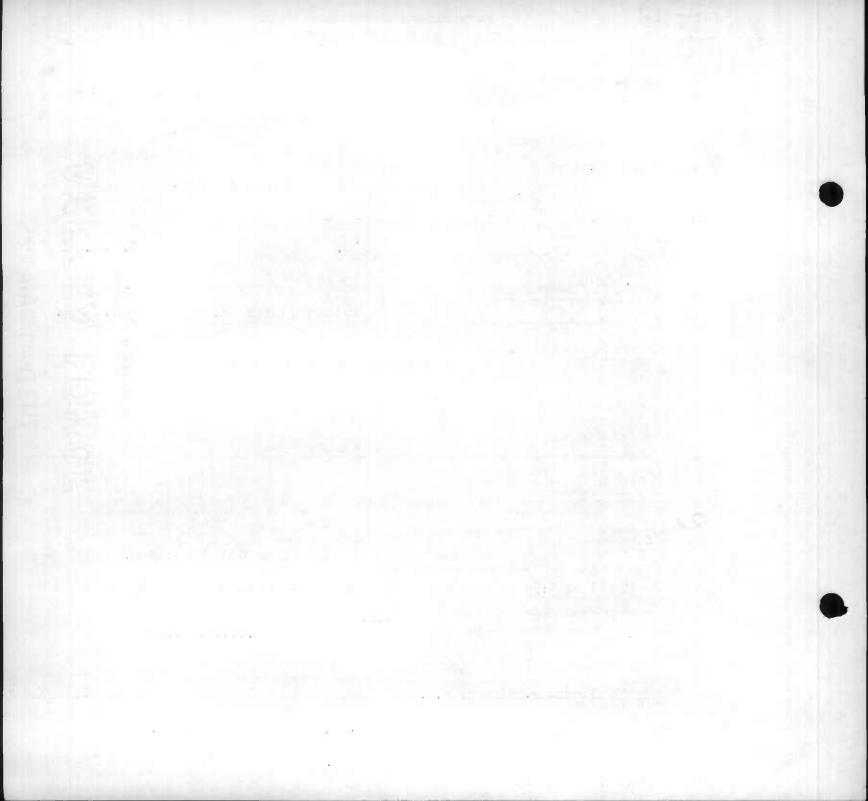


5-520 BIRTH NO. 62	7 11882 CERTIFICA	THEALTH DEPARTMENT  TE OF DEATH  Registered No.	67 11882
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  ROBER	T JONES	2. DATE AND HOUR OF DEAT	67 1 5:15 AM
3. PLACE OF DEATH IN BALTIMORE, MAI  FULL NAME OF (If not in hospital of oddress or location INSTITUTION)	or institution, give street	A. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY  MARYLAND C. CITY OR TOWN (If outside city limits, write)	e RURAL and give ownship
3THE JOHNS HOPKINS	HOSPITAL	D. STREET ADDRESS (If rurol, give locotion) 644 BARTLETT AVENUE	7-08
5. SEX 6. RACE MALE NEGRO	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) MARR I ED)	8. DATE OF BIRTH 2-11-18  9. AGE (In years lost birthday) 49	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME WILLIAM JONES		BERTHA ANDERSON	
15. Was Deceased Ever in U. S. Armed Fore (Yes, no ar unknown) (If yes, give war ar date	16. SOCIAL SECURITY NO. 215127717	Audrey Jones 644 Ba	artlett Ave.
DISEASE OR CONDITION DIR LEADING TO DEATH (This does nal mean the made of heart failure, asthenia, etc. II means injury at camplication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if tise to the above cause (A) UNDERLYING CONDITION last.	dying, e.g., the disease, death.)  (A) DE TO  (B) DUE TO	TESTATIC PROSTATIC	INTERVAL BETWEEN ONSET AND DEATH  ? 4 Me.
WAS PERF	TED TO THE T.	in or obaut 21C. WHERE DID (II in Baltin	3114
DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year)  OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED White At Work At Work		
22. I certify that (I) (this hospital that (I) (we) last saw the decease and have and from the causes stated 23A. SIGNATURE  23C. PHYSICIAN'S NAME IType) HARRY K. GENAN	d alive an 12/10 ed abave. (1) (We) (did) (did nat) v  M.D. Att Phy	view the bady after death.	pinian death accurred an the date
24A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify  BIRIAL 25A. DATE RECT BY HEALTH DEPT.  DEC 12 1967  VS. 150. REV. 1/1/45	24C. NAME of CEMETERY of CR. 25B. NAME OF REGISTRAR	. Cem. Balto. Me 25c. FUNERAL DIRECTOR Kelson Funeral Home	ADDRESS



VS 151-REV. 1/1/65 \ 8 2 4

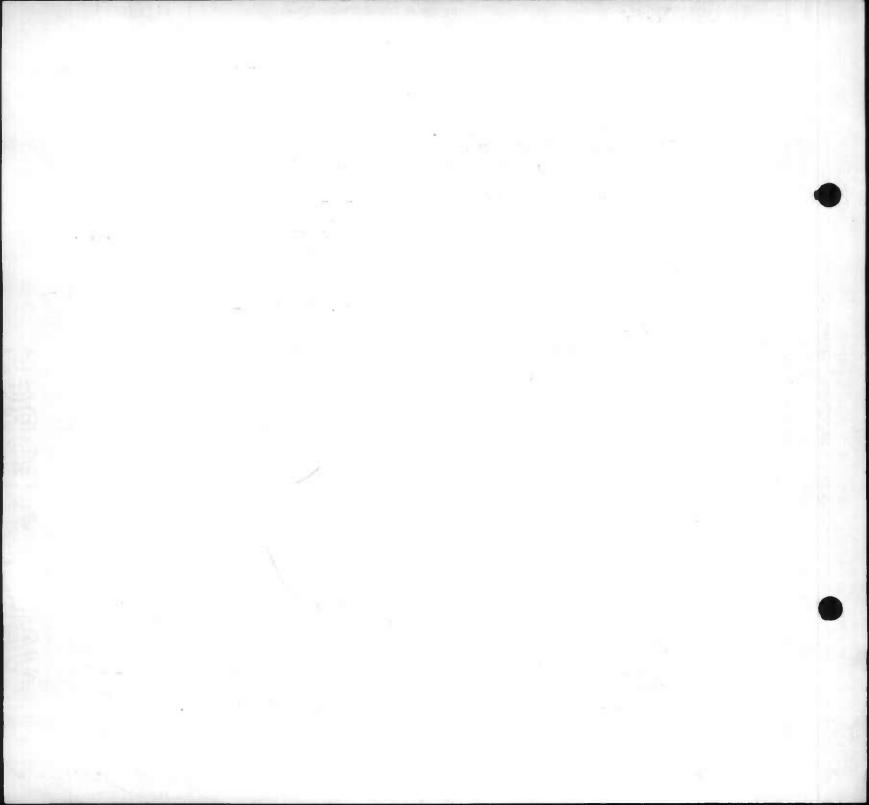
Kelson Funeral Home 1348 Calhoun St



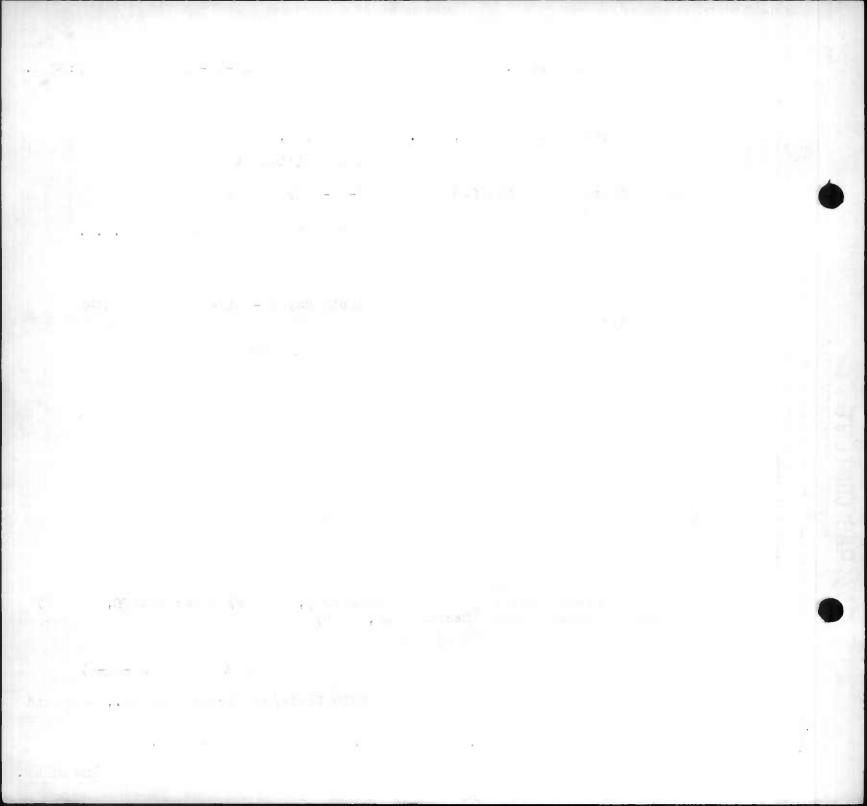
## FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

0	0-425	5	m aa			H DEPARTMENT		67 11	.884		
	TH NO. TE CASE NO.		111	884 CERTIFIC	CATEC						
	Pe or Print)	Ernest W	ilson				AND HOUR OF DEATH	1	12.00 4		
3.	PLACE OF DEATH	IN BALTIMORE, M	ARYLAND		4. USU	AL RESIDENCE (W	here deceased lived. If i	institution; residence	before odmission)		
	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in haspita address or tacati	l ar institut an)	ion, give street	M	aryland	autside city limits, write	RURAL and give to	Witship)		
ľ				pital Inc.		altimore			1-04		
	39	1514 Div Baltimor		Street 'yland 21217		et address 103 Fairfa	(If rural, give location)				
5. 5	24. 7	RACE Negro	WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify I'ried	B. DATE	OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months Days	If Under 24 His. Haurs Min.		
10A don	USUAL OCCUPA	TION (Give kind of wo	rk 10B. KIN 1	OF BUSINESS OR INDU	STRY 11. BIRT	HPLACE (State or fo	oreign country)	12. CITIZEN OF	JNTRY?		
					1	Virginia		U.S.	. A .		
13.	FATHER'S NAME		•,		14. MO	THER'S MAIDEN N	IAME				
		·5 W11									
15. (Ye	Was Deceased Ev s, no or unknown) (If	er in U. S. Armed F. yes, give war or da	arces? tes of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFO	RMANT		ADDRE	Mo4-1049		
	No			213-07-19	09 Mr	s. Eva Wil	son- wife	San			
	18.33/	XI		CAU	E OF DEATI			ONSET	AL BETWEEN AND DEATH		
		OR CONDITION D ADING TO DEATH			(1.0)	ehral.	Henorrha	rae			
		meon the made o						7	***************************************		
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)										
	AN	TECEDENT CAUSE	S	(B)			***************************************				
		DISEASES OR CONDITIONS, if ony, giving									
		obave couse (A) CONDITION lost.	stoting	the (C)	**			********	.00000000000000000000000000000000000000		
		- 11									
NOI	OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBU	TING							
CAT	DISEASE OR CO	NDITION CAUSING	IT.	OR WHICH OPERATION	120 A	AUTOPSY? (Yes or	FINISHES CONSI	IDINGS CONSIDERED			
CERTIFICATION	0		RFORMED	OK WHICH OFEKATION				AUSES OF DEATH?	SES OF DEATH?		
	21A. ACCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING		21B. PLACE OF INJURY (chame, farm, lactory, streetc.)	e.g., in ar abou et, affice bldg.	in ar about 21 C. WHERE DID (If in Baltimare City, give exact lacotion) affice bldg., INJURY OCCUR?					
MEDICAL	21 D. TIME (NO OF INJURY	Nonth) (Day) (Year	(Haur)	21E. INJURY OCCURRED		21F. HOW DID I	NJURY OCCUR?				
\$	(APPROX.)				While Wark						
	22. I certify the	ot (I) (this haspite	ol) attende	ed the deceased fram.	De cembe:	. 2.	1967 to De	cember 7	19 67		
				on December			that in (my) (our) op	inian death occu	rred on the dote		
				e. (1) (We) (did) (did no							
	23A. SIGNATURE	1	- 00					23 B. DATE SIGNE	ED		
	( se	gosse 2	· Te	M.D.	Attending Phys.	Med. Director	Staff Phys. K	12-7-6	57		
	23C. PHYSICIAN'S NAME (Type		(		23D. ADD	RESS					
	1	GORIO 5	. TEN	VGCO M	M.D.	1514 Di	vision St.				
244	REMOVAL (Spec		240	C. NAME OF CEMETERY OF	CREMATORY	24D.	LOCATION (C	city, town, or county	(State)		
-	Bueia	12-11-1	17 /	Mt. Nebo	em.		CPEW. U	1/4.			
25.	DATE REC'D BY	HEALTH DEPT.	25B. NAA	4.	25C.	FUNERAL DIRECT		ADI	DRESS		
-	TO BEY TO SE	Toler	105.	Variety of	Ke	SON FUN	eral Home	1348 N.EL	Thouast		
12	150-REV. 1/1/65					_0.1					



,	4-20			BALTIA	AORE CITY	HEALTH DE	PARTMENT		027	14000	_	
R	H NO.	67	118	85 CERT	TIFICA	TE OF	DEATH	Registered No.	0/	11883	)	
	AME OF DECE	ASED						ND HOUR OF DEATH				
	e or Print)		ert D.	Hayes				12-10-67		7.30	) A	
3. 1	LACE OF DEAT	H IN BALTIMORE, M		najes		4. USUAL RI	ESIDENCE (Wh	ere deceosed lived. If i	institution: residen	ice before od	missian)	
						A. STATE	B. COU	NTY				
- 1	FULL NAME OF	(If not in hospito oddress or lacoti		on, give street		Maryl		utside city limits, write	BIIDAL and aller	tarradaba)	- 2	
1	NSTITUTION	Descript des						uiside city limits, write	KUKAL ond give	10 Washipi	04	
	29	Provider	it hos	pital, In	IC .	D. STREET A	more,	f rurol, give lacation1			-	
	0					1616	Clifton	Avenue				
5. 5	EX 6	. RACE	7. MARR	IED, NEVER MARR	IED	B. DATE OF E		9. AGE (In years	If Under 1 Ye	r, . If Under	24 Hrs.	
	Male	Negro		arried		6-22-		lost 60 dighdoy)	Month's Doys	Hours	Min.	
		ATION (Give kind of wo		OF BUSINESS OR	INDUSTRY	11. BIRTHPLA	CE (State or for	reign country)	12. CITIZEN C	OF OUNTRY?	7	
, , , ,	o datting most of we		<b>'</b>			Maryl	and		U.S			
13.	FATHER'S NAM					14. MOTHER	S MAIDEN NA	AME				
		Tamas Hass				The range	4 -					
5		James Hay		1 6. SOCIAL		Minn 17. INFORMA			ADE	DRESS		
	s, no or unknown)	If yes, give wor or do		SECURITY	NO.			0				
	no					Annie	Hayes	- Wlie	S	AME		
	1B. LLQ/	XI			CAUSE O	F DEATH				RVAL BETWE		
		OR CONDITION DEATH			10	340-1-6	adula.	MONIA	01131	ONSET AND DEATH		
			(4	YONON	opneu	WONLE		··· • • • • • • • • • • • • • • • • • •				
	(This daes nat mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,											
		injury ar camplication which caused death.)										
	ANTECEDENT CAUSES (B)									•••••		
	DISEASES OR CONDITIONS, if any, giving											
	rise to the above cause (A) stoling the (C)UNDERLYING CONDITION tast.											
NO	OTHER SIGNIFI	CANT CONDITIONS	CONTRIBU	TING					}			
ATION		ATH BUT NOT REI ONDITION CAUSING		THE								
U	19A. DATE OF		NDITION F	OR WHICH OPERA	TION	20 A. AUTO	OPSY? (Yes or h	FINDINGS CON	NDINGS CONSIDERED			
ERTIFI	0	WASTE	RIORNIED			No		IN CERTIFIED CA	AUSES OF DEAT	n:		
U	OR CONTRIBUT	WAS UNDERLYING	DERLYING 218. PLACE OF INJURY (e.g., home, form, foctory, street,					re City, give exo	ct location)			
CAL		nedical exominer		etc.l	,,							
ā		Month) (Doy) (Year	rl (Hour)	21E. INJURY OCC	URRED	21 F.	HOW DID IN	IJURY OCCUR?				
ME	(APPROX.)			While At	Not Whil	e						
		1 . (1) (.1	1)	Work	At Work		0	10 67 D.	30		(0	
	22. I certify t	hot (I) (this hospit	al) attende	ed the deceosed	from U	ecember	7.	19 67 to Dec	emper 10,	19_		
	thot (I) (we) I	ost saw the decea:	sed alive	on Decem	per T	<u>Q.</u> 19Q	and t	hat in (my) (our) op	inian deoth oc	curred on t	the dote	
		from the couses st	oted obov	e. (I) (We) (did)	(did nat) v	iew the body	ofter death	•				
	23A. SIGNATUR	E (1/2	~						23B. DATE SIG			
		Kell	unco	/	M.D. Atte	ending .	Med. Director	Stoff Phys.	12-11	-67		
	23C. PHYSICIAN	rs	1			23D. ADDRESS						
	(3)	REGORIO	5	IENG	M.D.	1514	Divisio	n Street	Balto.,	Maryl	and	
24/	BURIAL CREM		240	NAME OF CEME	TERY or CRE	MATORY	24D,	LOCATION (C	City, town, or cou	inty)	(Stote)	
	Burial	12-13		Mt. Aub				Balto., N				
25/		IN HEALTH DEPT		AE-OF REGISTRAR	arm o	-	ERAL DIRECTO			DDRESS		
	DAE G.	0.50 1961 2	200	ta Down				eral Home			St.	
/¢	150-REV. 1/1/65	- 4/0	7			WETS	on run	orar nome	1740 06	- LIIO UII	. 50.	
- 3	1 JUTAL V. 1/1/03											



BIRTH NO. 67 11886 CERTIFICATE OF DEATH Registered No. 67 11886
M.E. CASE NO.  1, NAME OF DECEASED  2, DATE AND HOUR OF DEATH
(Type or Print) ANGELA BOURG PEC. 8, 1967 7:00 P. A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY
FULL NAME OF (If not in hospital ar institution, give street WARYLAND
HOSPITAL OR address or location)  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
37 MERCY HOSPITAL BALTIMORE 9-09
D. STREET ADDRESS (If rural, give lacotion)  1400 YALLEY STREET
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs
F WIDOWED, DIVORCED (specify)  MARRIED 5-24-81   last birthday)  Manths Doys Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY?
BALTIMORE, MARYLADD UNITED STATES
13. FATHER'S NAME
EPWIN WALKER ANNA KURTZ
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na arunknawn) (If yes, give war or dates af service)  16. SOCIAL SECURITY NO.  17. INFORMANT  MMO  1. On atal  ADDRESS 625  MMO  MMO  18. SOCIAL SECURITY NO.
18. / 3 A I CAUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  DUE TO  DUE TO
heort foilure, osthenio, etc. Il meons the diseose,
ANTECEDENT CAUSES  (B) Chronic CHF  The second seco
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the  (A) Acute Pulmonary Eduma Minutes  (B) DUE TO DUE TO  (B) DUE TO DUE TO  (C)  A S. 14. D.  Type  (C)
rise to the above cause (A) stating the (C) A S. M. D.
UNDERLYING CONDITION Iasi.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE Jangeone of Mr. Mos.
198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, give exact location)
OR CONTRIBUTING CAUSE OF home, farm, factory, street, affice bldg., INJURY OCCUR?
U 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
While At Not While
Work At Work
22. I certify that (1) (this hospital) attended the deceased fram PEC. 6 19 67 to PEC. 8 19 67 that (1) (we) last saw the deceased alive an DEC. 8 19 67 and that in (my) (aur) apinion death accurred an the day
and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. SIGMATURE
M.D. Attending Med. Stoff . 12 - 8-13
Phys. Director Phys. 23D. ADDRESS
NAME (Type)
SALUEL A DIEVES M.D. WERCY (City, town, or county) (State)
REMOVAL (Specify) 19/11/67 CONTROL OF CONTRO
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, RUSERAL DIRECTOR ADDRESS 2024
DEC 12 1967 A O O O T. O Stilled Maris of San A Day of
VS 150-REV. 1/1/65

4

APP TOTAL TOTAL

Last Same

15 15-14-7 CB/88AM

STATE OF THE CHAIN ALL PROMITING

STRUM ACKNO

FROM WALKER

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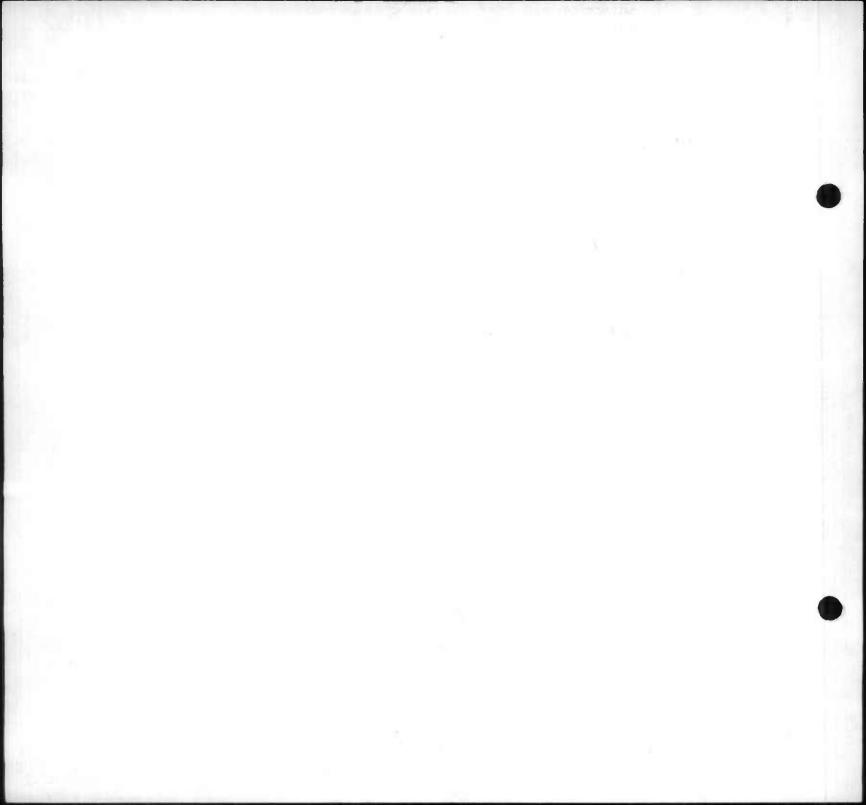
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CAMPLE A TRUES

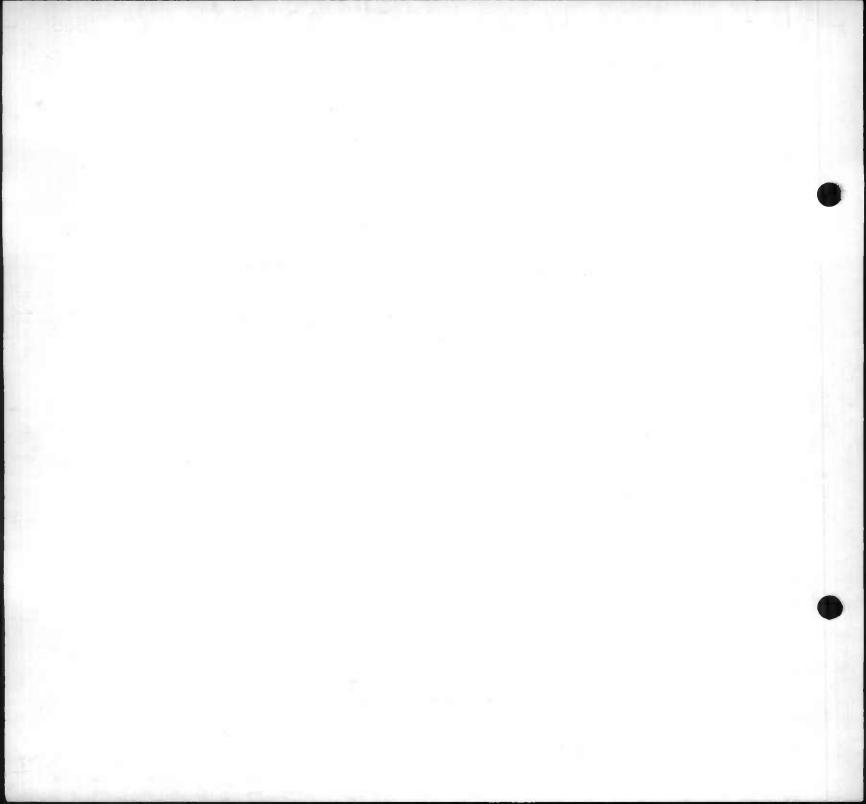
WERCH HOLDER

7.2

BIRTH NO.				HEALTH DEPARTMENT		ON 4400M
	6.7	7 11887 c	ERTIFICA	TE OF DEATH	Registered Na	67 11887
N.E. CASE NO.	ECEA SED			2. DATE AN	D HOUR OF DEATH	
Type ar Print)	Clara Boon	ne		12.10	.67	10:50 A
. PLACE OF D	DEATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (Where	e deceased lived. If ins	stitution; residence before admiss
	and the second second			mo,		
FULL NAME	R address or locotio	or institution, give stree	et	C. CITY OR TOWN (If out	side city limits write	IRAL and give township
INSTITUTION	Little SRS.	of The 160	R	BALTIMORG		1) war par
910	1200 UALLE	4 5%		D. STREET ADDRESS (If	ural, give location)	001
10	BAIT. MD.	21202		1200 VALLE	4 st.	/
SEX	6. RACE	7. MARRIED, NEVER	MARRIED		AGE (In years	If Under 1 Yr. If Under 24
F	W	WIDOWED DIVO	RCED (specify)	1-30-1878	ast birthdoy	Months Doys Hours Mi
			SS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn cauntry)	12. CITIZEN OF
	of working life, even if retired)	-		2		WHAT COUNTRY?
	woman			*	-	USA
3. FATHER'S N.	M: 1			14. MOTHER'S MAIDEN NAM		
John	6 lady			Laura E	tell	
. Wos Deceos	ed Ever in U. S. Armed Fo	rces? 16. SOC		17. INFORMANT		ADDRESS
es, no or unkno	wn) (If yes, give wor or dot		URITY NO.	1141- 500	the Pana	
10 - # -		2122	CAUSE O	Little Sps. of	I'M TOOK	ALIVERUAL DEPLIES
40	Rockell				0	ONSET AND DEATH
DISE	ASE OR CONDITION DI LEADING TO DEATH		-	a. S. Q. U.	Da nislan	
(This does	not mean the mode of		(A)		J CE 0771	· · · · · · · · · · · · · · · · · · ·
heart failur	e, osthenia, etc. It means	s the disease,	001.0	novy eden	ne,	
injury or c	omplication which caused			aneralizes	asterness.	. (2)
	ANTECEDENT CAUSES	S	DUE TO			
	OR CONDITIONS, if		/	705 is.		
	the obove cause (A) NG CONDITION lost.	stating the	(C)			
J				· · · ·		
Z OTHER SIC	II  SNIFICANT CONDITIONS (	CONTRIBITING				
TO THE	DEATH BUT NOT REL	ATED TO THE				
19A. DATE	OF OPERATION 198. CON		OPERATION	20 A. AUTOPSY? (Yes or No.	208, IF YES. WERE F	INDINGS CONSIDERED
		RFORMED		20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CAL	ISES OF DEATH?
4 100 3	DENT WAS UNDERLYING	21B. PLACE	OF INJURY (e.o. in	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
1 21A ACCIE		home, form,	foctory, street, of	fice bldg., INJURY OCCUR?		.,, 3
21 A. ACCIE OR CONTRI	IBUTING CAUSE OF			9.		
21A. ACCIE OR CONTRI DEATH (not	IBUTING CAUSE OF tify medical examiner	etc.)				
21A. ACCIE OR CONTRI DEATH (not	IBUTING CAUSE OF	etc.) (Hour) 21E, INJURY		21F. HOW DID INJU	JRY OCCUR?	
21A. ACCIE OR CONTRI DEATH (not	IBUTING CAUSE OF tify medical examiner	etc.)	OCCURRED  Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
21A. ACCIE OR CONTRI DEATH (not 21D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	etc.)  (Hour) 21E, INJURY  While At Work	Not While At Work	21F. HOW DID INJU		0 6 10 106
21A. ACCIE OR CONTRI DEATH (not 21D. TIME OF INJURY (APPROX.) 22. I certi	fy that (I) (this hospita	etc.)  (Hour) 21E, INJURY While At work  work  II) attended the dece	Not While At Work	21F. HOW DID INJU	966 to de	
21A. ACCIE OR CONTRI DEATH (not 21D. TIME OF INJURY (APPROX.) 22. I certi	(Month) (Day) (Year)	etc.)  (Hour) 21E, INJURY While At work  work  II) attended the dece	Not While At Work	21F. HOW DID INJU	966 to de	
21A. ACCIE OR CONTRI DEATH (not 21D. TIME OF INJURY (APPROX.) 22. I certi that (I) (w and haur of	fy that (I) (this hospitate) last saw the decease	etc.) 21E, INJURY While At Work  all) attended the dece	Not While At Work	21F. HOW DID INJU	966 to de	nian death accurred an the
21A. ACCIE OR CONTRI DEATH (not 21D. TIME OF INJURY (APPROX.) 22. I certi that (I) (w	fy that (I) (this hospitate) last saw the decease	etc.) 21E, INJURY While At Work  all) attended the dece	Not While At Work ased fram did) (did nat) v	21F. HOW DID INJU	966 to de	nian death accurred an the
21A. ACCIE OR CONTRI DEATH (not 21D. TIME OF INJURY (APPROX.) 22. I certi that (I) (w and haur of	fy that (I) (this hospitare) last saw the decease	etc.) 21E, INJURY While At Work  all) attended the dece	Not While At Work ased fram did) (did nat) v	21F. HOW DID INJU	966 to de	nian death accurred an the
21A. ACCIE OR CONTRI DEATH (not 21D. TIME (APPROX.) 22. I certi that (I) (w and haur of 23A. SIGNA	fy that (I) (this hospital to last saw the decease and fram the causes starture	etc.) 21E, INJURY While At Work  all) attended the dece	Not While At Work ased fram did) (did nat) v	21F. HOW DID INJU	9 6 ta det in (my) (aur) apir	23B, DATE SIGNED
21A. ACCIE OR CONTRI DEATH (not DEATH (not DEATH (not OF INJURY (APPROX.) 22. I certi that (I) (w and haur c 23A. SIGNA	fy that (I) (this hospital to last saw the decease and fram the causes starture	etc.) 21E, INJURY While At Work  all) attended the dece	Not While At Work  ased fram  did) (did nat) v  M.D. Atte	21F. HOW DID INJU	9 6 ta dirit in (my) (aur) apir	23B. DATE SIGNED
21A. ACCIE OR CONTRI DEATH (not DEATH (not DEATH (not DEATH (not DEATH (not DEATH (not CAPPROX.)  22. I certi that (I) (w and haur a 23A. SIGNA  23C. PHYSIC NAME	fy that (1) (this hospital to last saw the decease and fram the causes starture  Lance (Type)  Lance An Kudas  Lance An Kudas	etc.)  (Hour) 21E, INJURY  While At work  all) attended the dece ed alive an attended above. (1) (We) (	Not While At Work  ased fram  did) (did nat) v  M.D. Atte Phy:	21F. HOW DID INJU	Stoff Choice	23B. DATE SIGNED  13 - 11, 6
21A. ACCIE OR CONTRI DEATH (not D	fy that (I) (this hospital re) last saw the decease and from the causes stated (Type)  Lan's (Type)	etc.)  (Hour) 21E, INJURY  While At work  all) attended the dece ed alive an attended above. (1) (We) (	Not While At Work  ased fram  did) (did nat) v  M.D. Atte	21F. HOW DID INJU	Stoff Choice	23B. DATE SIGNED  13 - 11, 6
21A. ACCIE OR CONTRI DEATH (not D	fy that (1) (this hospital to last saw the decease and fram the causes starture  Lance (Type)  Lance An Kudas  Lance An Kudas	etc.)  (Hour) 21E, INJURY  While At work  all) attended the dece ed alive an attended above. (1) (We) (	Not While At Work  ased fram  did) (did nat) v  M.D. Atte Phy:	21F. HOW DID INJU	Stoff Choice	23B. DATE SIGNED  13 - 11, 6
21A. ACCIE OR CONTRI DEATH (not D	fy that (I) (this hospital re) last saw the decease and from the causes stated (Type)  Lan's (Type)	etc.)  (Hour) 21E, INJURY  While At work  all) attended the dece ed alive an attended above. (1) (We) (	Not While At Work  ased fram  did) (did nat) v  M.D. Atte Phy:  M.D. CEMETERN or CRE	21F. HOW DID INJU	Stoff Choice	238. DATE SIGNED 13.11.6  LANC BAH. M
21A. ACCIE OR CONTRI DEATH (not D	fy that (I) (this hospital re) last saw the decease and from the causes stated (Type)  Lan's (Type)	etc.)  21E, INJURY While At Work  all) attended the dece ed alive an ented abave. (I) (We) (  24C, NAME of 1)	Not While At Work  ased fram  did) (did nat) v  M.D. Atte Phy:  M.D. CEMETERN or CRE	21F. HOW DID INJU	Stoff Choice	238. DATE SIGNED  12. 11. 6  Anc BAH. M  y, town, or county) (Sto

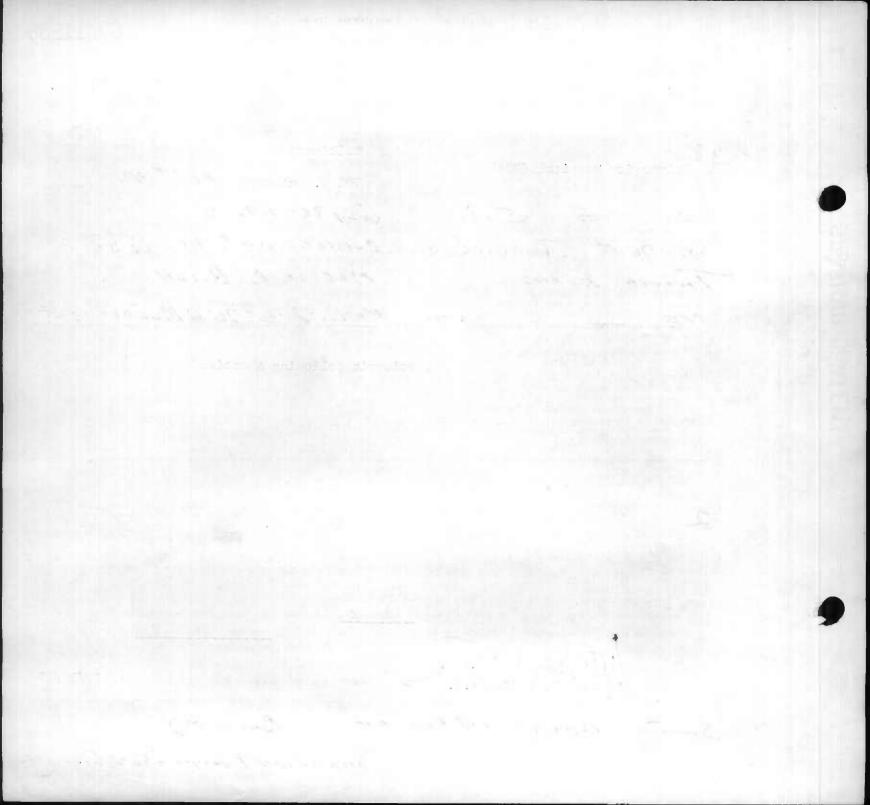


1510		CM 4400	BALTIMORE CITY	HEALTH	DEPARTMENT	1	1.000
BIRTH N	10.	67 1188	CERTIFICA	TE O	F DEATH	Registered No	67 11888
	ASE NO. E OF DECEASED				2. DATE AND	HOUR OF DEATH	
(Type ar		THORGE	2 M/11/	11/00	0 12	-10-	17 5.250.
3. PLAC	CE OF DEATH IN BALTIMO	RE, MARYLAND	H WILLI	4. USUA A. STAT		deceased lived. If ins	illulian: residence befare admission)
HOSE	NAME OF (If not in h PITAL OR oddress or TUTION	nospitat or institution, lacation)	give street	MA C. CITY	OR TOWN (If outs	side city limits, write RI	URAL ond give township)
m LI	TILE SISTER	25 OF THE		GL	EN BURN	118	52-00
15	200 VALLEY		E, MD. 21202	BO	X 179	ADUTE 2	2
5. SEX	UALE WHITE		D. DIVORCED (specify)	B. DATE		ast birthday)	Manths Days Haurs Min.
	UAL OCCUPATION (Give kind		BUSINESS OR INDUSTRY	11. BIRTH	IPLACE (State ar fareig	in cauntry)	12. CITIZEN OF WHAT COUNTRY?
H	OUSE WIFE			AU.	STRIA 1	HUNGRY	U.S.A.
	EORGE /	71885		14. MOT	SCHW	ABEK (.	AUUA
15. Was	Deceased Ever in U. S. Am	med Farces?	16. SOCIAL	17. INFO	RMANT SISTERS		ADDRESS
(Tes, no	or unknawn) (If yes, give war	or dates at service)	212-05-30911		THE POOR	1200 BAL	VALLEY STREET
1B.	3 2 / VI		CAUSE O			12961	INTERVAL BETWEEN
	DISEASE OR CONDITION		C	. V.	17		ONSET AND DEATH
	is daes not meen the mart failure, osthenio, etc. It		DUE TO		A	·	
	ury or camplication which	coused deoth.)	(8)	45.	riensie	~	
	ANTECEDENT C		DUE TO	11			
rise	SEASES OR CONDITION to the obove cause IDERLYING CONDITION I	e (A) stoling the			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· · · · · · · · · · · · · · · · · · ·	
NO OT	HER SIGNIFICANT CONDITION THE DEATH BUT NO	T RELATED TO TH					
V 19A	SEASE OR CONDITION CAL	I SING IT.	WHICH OPERATION	[20A.	AUTOPSY? (Yes ar Na)	20B. IF YES. WERE FI	INDINGS CONSIDERED
ERTIFICATION 101 100 110		AS PERFORMED	William Stranger		1010131. 1103 01 110	IN CERTIFYING CAU	ISES OF DEATH?
OR DE	ACCIDENT WAS UNDERL CONTRIBUTING CAUSE OF CAUSE	OF han	R. PLACE OF INJURY (e.g., in ne, farm, foctory, street, o	n ar about ffice btdg.,	21 C. WHERE DID INJURY OCCUR?	(If in Baltimore	City, give exact lacation)
	- TIME (Manth) (Day)	(Year) (Haur) 21E	. INJURY OCCURRED		21F. HOW DID INJU	JRY OCCUR?	
>	PROX.)	Wi	nile At Nat Whil				
22	I certify that (I) (this ha				1-	065 10	ee 10 1967.
	t (i) (we) lost saw the d			10			
11 1						n in (my) (our) apin	ian death occurred on the date
	hour and from the cous SIGNATURE	es stated obove. (	l) (We) (did) (did not) v	riew the	body after death.		23B, DATE SIGNED
230	Lenle	w Inte	M.D. Alle Phy	ending d	Med. Director	Staff Phys.	12-11-6
23 C	NAME (Type)	STANLEY H	1	23D. ADD		. /	P M
24A. RI	JRIAL CREMATION, 24B. D		AME of CEMETERY OF CR		MAIDENCH		TALTIMORE IND.
	wial 12	1/2/67 5	len Harr	en	(6)	altrinos	e 2
25A. D.	DEC 12 196	7 ( D. P.	E. Faller MA	(,	PAINERAL DIRECTOR	EruraSon	De On Damos +
VS 150-	REV. 1/1/65				10/1	+	



## 67 11889 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11889

M.E. CASE NO.			- <del>'</del>			
1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD				
MARY LEE	EVANS	December 10, 1967 7:30 A.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	INCED DEAD	4. USUAL RESIDE	NCE (Where deceased lived, If institution; re			
		A. STATE Marylan	B. COUNTY			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)  HOSPITAL OR ADDRESS OR LOCATION)	TION, GIVE STREET		N (If autside corporate limits, write RURAL	and give township)		
INSTITUTION			4-0			
3 &		Baltimo				
University Hospital (DOA)		D. STREET ADDR	ESS (If rurol, give locotion)	10.1		
99		701 W.	Mulberry STAPT 4	(0)		
	NEVER MARRIED	B. DATE OF BIKIH	last highday	der 1 Yr. If Under 24 Hrs.		
	DIVORCED (specify)	1.000 3	0-1952 15	S Days   Hours   Will.		
Female Negro	WELL C			TIZEN OF		
done during most of working life, eyen if retired	C C C C C C C C C C C C C C C C C C C		a comment of wi	HAT COUNTRY?		
STUDONT YUBUS	CUCHOUL			2.5 A.		
13. FATHER'S NAME		14. MOTHER'S MA				
INCMAS LUANS		MAGE	15 Mc Ruson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	ADDR	ESS		
(Yes, na or unknown) (If yes, give war or dotes of service)	SECURITY NO.	10	20 - 0 - 1 34			
NO	Nonn	1786616	LUANS JUI W MCL	BEERY VE		
18. 6 5 1 0	CAUSE	OF DEATH		INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY				ONSEL AND DEATH		
LEADING TO DEATH	A Sentic	emia Follo	owing Abortion			
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	emra r.o.r.r.	whig Apoleton			
injury or camplication which coused death.)						
ANTE CEDENT - CAUSES						
ANTECEDENT · CAUSES	(B)					
RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO					
UNDERLYING CONDITION LAST.	101					
Z	(C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.  198, CONDITION FOR WAS PERFORMED						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO T						
DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY?	(Yes or No.) 20B. IF YES, WERE FINDINGS			
O VAS PERFORMED		Yes	IN CERTIFYING CAUSES OF	Yes		
₹ 21 A. EXTERNAL CAUSE WAS 21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. W	HERE DID (If in Boltimore City, give exoct OCCUR?	( locotion)		
O UNDERLYING OR CONTRIB-	, tam, toctory, street, o	thice bidg., INJURY	OCCUR?			
UNDERLYING OR CONTRIB-						
OF INJURY	1E. INJURY OCCURRED		W DID INJURY OCCUR?			
(APPROX.)	VHILE AT NOT Y	WHILE ORK				
22.						
certify that I held on Inquiry	Inspection Aut	opsy X ond	that on this bosis, death in my opin	ion		
resulted from: Natural couses A	ccident Suicide	e Homicia	le Undetermined manner 🗓			
		CHIEF ME	DICAL EXAMINER			
ACTUAL /11/0-110	7			DATE SIGNED		
SIGNATURE (LOTIO)	//		DICAL EXAMINER X	12/10/67		
EXAMINER'S Werner U. Spitz,	(M.D.)	ASSOCIATE MI	EDICAL EXAMINER .	12/10/07		
DENACYAL (C.):21	C. NAME OF CEMETERY .		23D. LOCATION (City, town, o	or county) (Stote)		
REMOVAL (Specify)	Mit Rusul	rn	BALTUMI)			
13	A CONTRACTOR OF THE PARTY OF TH			ADDRESS		
TAN DATE RELIEF THE TANKE	OF REGISTRAR	24C. FUNERA	L DIRECTOR	ADDRESS		
14000	a V CONTROLL M	man	har polyn 630	N. FIF WAR		
				V-1		



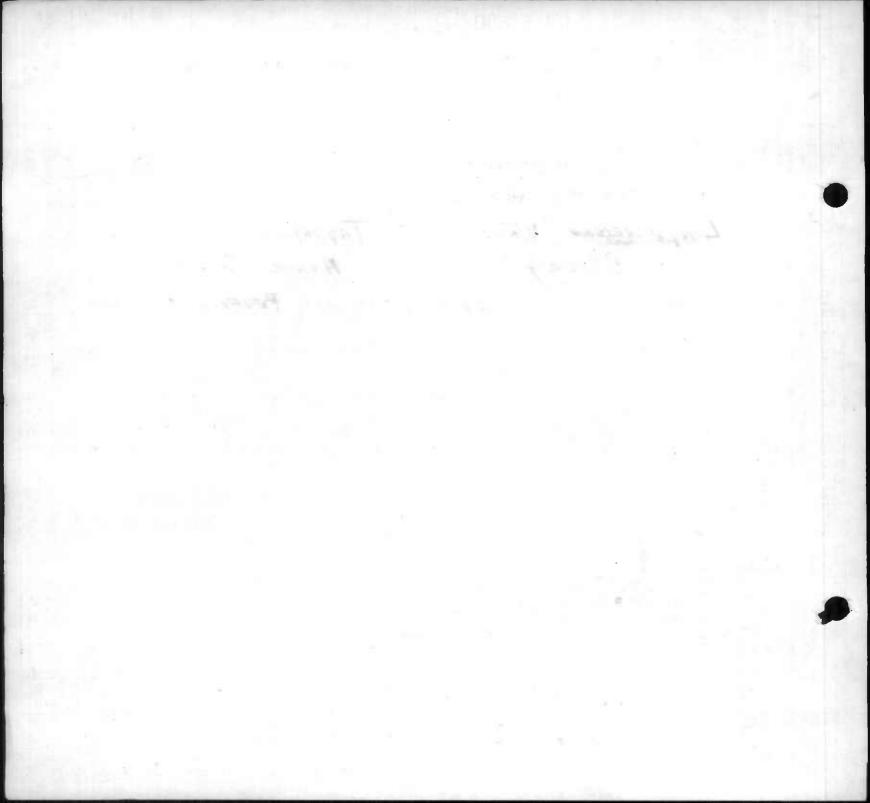
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67 11890 BALTIMORE CITY HEALTH DEPARTMENT 67 11890
BIRTH NO. 67 11890 CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.  1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH
(Type or Print) BEVERLY, BROKENBURRAH 12-8-1967 8-05A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission and a state of the st
<b>₩</b> 6
HOSPITAL OR oddiess or location)  C. CITY OF TOWN (If outside city limits, write RURA) and give townshinks
INSTITUTION LUtheran hospital Baltimore 600
730, AShburton St D. STREET ADDRESS (If rurol, give location)
Baitimore MD 2702, Ellicott DR
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) S-S-1905 6. RACE 17. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) S-S-1905 6. RACE 18. DATE OF BIRTH Windows Doys Hours Min. Months: Doys Hours Min.
10A LISUAL OCCUPATION (Give kind of work 10R KIND OF RUSINESS OR INDUSTRY 1). BIRTHPLACE (State or foreign country) 112. CITIZEN OF
dage during most of working lile, even if retired)
LONGShoreman WHIER FIRMI ADDA BUCK VIRGINIA U.S.A.
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.
No 218-09-7735 Goldie BEVERLY 2702 ELLICOTT D
18. 4 3 1 INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH  (A) Preumonia   Week
(This does not mean the made of dying, e.g., DUE TO
heart failure, asthenia, etc. (I means the disease, injury or camplication which caused death.)
ANTECEDENT CALISES (8)
DISEASES OR CONDITIONS, if any, giving
rise to the above cause (A) stating the (C)
UNDERLYING CONDITION Iasi.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF    DEATH (notify medical examine)   CAUSE OF
D 21D. TIME (Month) (Doy) (Year) [Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
OF INJURY  (APPROX.)  While At Not While
TUIN - CI TUIN -
2 2
indi (i) (we) lest sow the deceased divise of
ond have ond from the causes stated above. (%) (We) (did) (did not) view the body after death.  238, DATE SIGNED
23A. SIGNATURE  23B. DATE SIGNED  23B. DATE SIGNED  23B. DATE SIGNED  Director Physic Dec. 8 1965
23C. PHYSICIAN'S 23D. ADDRESS
NAME (Type) B.A. Desai M.D. Lytheran hospital. Baltimo
24A. BURIAL CREMATION, 24B. DATE , 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Stotel
BURING 12/11/67 CARVER MEMORIAL PHICK LAUREL MARY/MIC
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS

NUTTER

3035 IN. NORD. AUE

VS 150-REV. 1/1/65



67	11891	BALTIMORE CITY H	EALTH DEPARTMENT		OP	44004
ME	DICAL E	XAMINER'S	CERTIFICATE OF	DEATH Registered N	0/	11891

A.E. C	ASE NO.										
NAA Type o	AE OF DE	CEASED	LYNDE J	ORDON	December 1, 1967 7:10 A.						
. PLAC	CE IN BAL	TIMORE, MARYLA	ND, WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE  Maryland						
ULL NAME OF (IF NOT IN MOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)  STITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)							
h	0					Baltimor			01		
0	1	207 Beaum	ont Avenue		D. STREET ADDI		aumont Aven	ue	3		
. SEX	1	6. RACE	WIDO WED, I	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT		9. AGE (In years last birthdov)	If Under	1 Yr. If Unde Doys   Hours	r 24 Hrs. Min.	
Ma		Negr	I I I I	rried	Nov 4, 19	945	22	10 0000			
		UPATION (Give kin working life, even if		BUSINESS OR INDUST	RY 11. BIRTHPLACE	State or toreign	country)	12. CITIZE	COUNTRY?		
	Braker HER'S NA		Penna	Railroad	Baltimon 14. MOTHER'S M		land	U.	S.A		
	Linwo	od H. Jord	don		Hermia	Monroe					
5. WAS	DECEAS	ED EVER IN U.S.	ARMED FORCES?	16. SO CIAL	17. INFORMANT			ADDRESS			
		n) (If yes, give wor	or dates of service)	SECURITY NO.							
	No			218-44-4075	Mr. Linv	vood H.	Jordon 372		tonia R		
18.	99	6 X		CAUS	SE OF DEATH				INTERVAL BI		
	DISEA	SE OR CONDITI									
	This does	not mean the m	nade of dvina e.a.	(A) CO	ontact guns	shot wou	ind of mouth				
	heart foilur	e, osthenio, etc. I emplication which	t meons the discose,	502 10							
			- 4 116=6								
		ANTECEDENT OF	IS, IF ANY, GIVING	(B)	g x 0 y 4 0 4 6 y 0 x 6 0 6 0 0 0 0 0 0 0 0 0 0 x 4 0 0 0 0 0 0 0 0						
	RISE TO TI	TE ABOVE CAUS	E (A) STATING THE	DUE TO	1						
_	UNDERLY	ING CONDITION	LAST.	(C)							
<u>5</u> —	_	11									
<u> </u>	OTHER SIG		THONS CONTRIBUTION	NG							
		DEATH BUT N	OT RELATED TO T	HE							
_		F OPERATION 19	B. CONDITION FOR Y	WHICH OPERATION			208 IF YES, WERE FIN	ES OF DEA			
	EVTERNI	AL CALLEE WAS	0.10	DI ACE OF INITIDY	Yes		Yes				
UN	DERLYING	OR CONTRIB-	home	PLACE OF INJURY (e.g., form, foctory, street,	office bldg., INJURY	OCCUR?			cation)		
G UTI	NG L CA	USE OF DEATH.	etc.)	home	12	207 Beau	mont Avenue				
	TIME	(Month) (Doy)		IE INJURY OCCURRED	21 F. H	DINI DID WO	RY OCCUR?				
	PROX.)	12-1-67	(about) 6:50 Am.	WHILE AT NOT	WHILE X	Shot sel	f				
22.		rtify that I held	an Inquiry		NP	d that an thi	s basis, death in m	y opinian			
	resu	Ited from: Nati	ural causes		de X Hamici	de U	Indetermined manne	er 🗌			
	ACTUA	. C.D.	101	- 0		EDICAL EX			DATE SIG	GNED	
	SIGNA	TURE	as J.o		D. ASSISTANT M						
	EXAMI NAME	NER'S C	harles S. Sp	pringate, M.I	ASSOCIATE M	EDICAL EX	AMINER De	cember	1, 19	67	
	URIAL CR	EMATION, 238, C	PATE 23	C. NAME OF CEMETERY	or CREMATORY	23 D. LC	OCATION (City,	town, or c	ounty)	(Stote)	
date.	urial		/5/67 A	rbutus Memor	ial Park	A	rbutus Ba	alto C	0.	Md	
		BY HEALTH DE		OF REGISTRAR		AL DIRECTOR			DDRESS		
	F	EP 1 8 19	67 00 6	2. Farley	Herber	rt E. Nu	itter 303	85 W. N	North A	ve	
/5 151	-REV. 1/1	165	20	ef-		- 1 0/				1	

67 11892	BALTIMORE CITY HE		67 11892
BIRTH NO.	CERTIFICATE	OF DEATH Regi	stered No.
N.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND HOUR	OF DEATH 20
(Type or Print) GRADY EdwARd	FERREII :	TR. 12-10	0F DEATH 6 30 A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4.		ed fived. If institution: residence before admission)
FULL NAME OF (If not in hospital or institution, g		T-LA.	
110.001			limits, write RURAL and give township)
INSTITUTION USPH Service H	720	TAMPA	V-0X
JO WYMAN VBEL	D.	STREET ADDRESS (If rural, give	A CONTRACTOR OF THE PROPERTY O
28 WYMAN PARK. BALTIMON	b Ma	4415 Brook	TYN TER.
5. SEX 6. RACE 7. MARRIED.	NEVER MARRIED B. D	OATE OF BIRTH 9. AGE (I	n years oy Hours Min, Months Doys Hours Min,
M	VI /	2-26-34 lost birthd	2
10A, USUAL OCCUPATION Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY 11.	BIRTHPLA CE (State or foreign country	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  [NSPECTOR. 660]	envinent	GA.	U.S. 9.
13. FATHER'S NAME		MOTHER'S MAIDEN NAME	7.0
GRADY E. FERRELL	SR	6-10010 11	16.10
15, Wos Deceased Ever In U. S. Armed Forces?		INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	GUSSIP WI INFORMANT HUSPITAL REC	asel
YES 1952-1954	267-37-8837		
18.204,01	CAUSE OF D		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Di	UPPER Lose Pive	umana dave
(This does not mean the made of dying, e.g.,	(A) 19/11 DUE TO	OPTEN LODE THE	777010177
heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	,	1 2/2-	
ANTECEDENT CAUSES	(B) Lyn	pho BARSTHC	
	DUE TO	pho BARSTAC LEUKemi	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the		LEUKemi	9 Months
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
DISEASE OR CONDITION CAUSING IT.	VHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20B. IF	YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WAS PERFORMED  198. CONDITION FOR WAS PERFORMED  218. 218.	e. e. enzilen	YES IN CE	YES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in or e, farm, foctory, street, office		If in Boltimore City, give exact location)
▼ DEATH (notify medical examiner) etc.)	e, farm, foctory, street, office	bldg., INJURY OCCUR?	
	INJURY OCCURRED	21F. HOW DID INJURY OCC	1187
S OF INJURY	le At Not While	7	
Worl	k At Work L		
22. I certify that (1) (this hospital) attended th	ne deceased from No	20, 14 19 67	to DEC. 10 19 67,
that (1) (we) lost saw the deceased alive on	DEC 16	19 and that in (pr)	(our) opinian deoth occurred an the date
ond hour ond from the couses stoted obave. y	(We) (did) (did not) view		
23A. SIGNATURE	^		23 B. DATE SIGNED
(1): Olesm 2 W. Ol.	M.D. Attendir Phys.	Med. Stoff Director Phys	12-10-67
23C.PHYSICIAN'S		ADDRESS	
NAME (Type)	CIE M.D.	SAME AS	# 3
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY OF CREMA		(City, town, or county) (State)
Burial 12-14-67	Shady Grove	Tampa,	FIA. ADDRESS
DEC 1 2 1967 R. L.	E Starkey P.A.		
VS 150-REV. 1/1/65		Stone's Funera	
F3 130~RCV: 1/1/03		Columbus Dr.	Tampa, Fla.

Right with Remain 1945
Lyopho Bareline
Lyopho Bareline
Lec Leann Mearth

## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death).

07 44000	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. 67 11893	CERTIFICA	TE OF DEATH Registere	d No. 67 11893
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  CTELLA LOA	YNSOD)	2. DATE AND HOUR OF I	9 / 9/2 7:30 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	14.3 044	4. USUAL RESIDENCE (Where deceased live	ed. If institution: residence before admission
FILL MAAR OF MY ON THE CONTRACTOR		A. STATE B. COUNTY	17-02
FULL NAME OF (If not in hospital or instit oddress or location)  INSTITUTION	ution, give street	C. CITY OR TOWN (If outside city limits,	, write RURAL and give township)
36		BALTIMORE	
FRANKLIN SQUARE	HOSPITAL	D. STREET ADDRESS (If rural, give local	and the second s
			PRT
5. SEX 6. RACE 7. MA WIE  FEM ST 6 PARTEDO WIE	RRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year lost birthdoy)	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KII	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
dane during most of working life, even if retired)		WIRGINIA	WHAT COUNTRY?
3. FATHER'S NAME	1	14. MOTHERS MAIDEN NAME	
Chanles 1/0	4n/20n/	121/05	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of set	16. SOCIAL vice) SECURITY NO.	17. INFORMANT	ADDRESS
Ne	HNKNOON	PRANKLIN SQU	ANE HOSPITAL
18.450,01	CAUSE C	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	10	001 -0 5	ONSEL AND DEATH
(This does not mean the mode of dying,	e.g., DUE TO	EN 1 10 Suure	<u></u>
heart foilure, osthenia, etc. It meons the dis injury or complication which coused deoth,)	seose,	Liceration of male	is fu fer
ANTECEDENT CAUSES	(B)	Romic renal Lan	lure
DISEASES OR CONDITIONS, if any,	giving DUE TO	al a Cot C.	0
rise to the obove couse (A) stating UNDERLYING CONDITION lost.	the (C)	manged whereoze	ellerous
II	<u> </u>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING		
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No. 20 B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n ar obout 21 C. WHERE DID (If in E	Boltimore City, give exact location)
21 D. TIME (Month) (Doy) (Year) (Hour)		21F, HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi		
/	Work At Work		7
22. I certify that (1) (this haspital) often		CEMBER 1967 to	1907
that (I) (we) last sow the deceased alive			<u>ur) opinion deoth occurred on the dot</u>
and hour and from the causes stated about 23A. SIGNATURE	ve. (1) (We) (did) (did not)	lew the body ofter death.	
The second of	M.D. Att	ending Med. Stoff	23B, DATE SIGNED
23 C. PHYSICIAN'S	ang Phy	s. Director Phys. 23D. ADDRESS	12-9-67
NAME (Type) ROBEN U	/. LUNA M.O.		ne despital
4A. BURIAL CREMATION, 248. DATE 2	4C. NAME OF CEMETERY OF CR	MAJORY 24D. LOCATION	(Stote)
Bureal 12/9/19/27	TILY CONNTESIA	Nema Moder H	ill Ylld
25A. DATE REC'D BY HEALTH DEPT 25B. NA	AFE OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 12 1967 (1)	my to the standard	Williams Tuneral Hon	431971 Seprocall St
VS 150-REV. 1/1/65			

--- 112 3 Ave ---V. Section 8 A LONG MARKET OF THE Alexander of the way 1 (5.1) A 10 (4.5) (5.5) 

T. 610

BALTIMORE CITY HEALTH DEPARTMENT DICAL EXAMINER'S CERTIFICATE OF DEATH Registered No BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD WILLIAM THORPE December 10, 1967 | 3:15 A. M.
4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If autside carparate limits, write RURAL and give tawnship) ADDRESS OR LOCATION) Raltimore 1830 St. Paul St. D. STREET ADDRESS (If rural, give lacation) 1830 St. Paul St. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years lost birthday) If Under 1 Yr, If Under 24 Hrs. WIDOWED, DIVORCED(specify) Months, Days, Hours, Min. Male White 82 IOA. USUAL OCCUPATION (Give kind of work 10B. 12. CITIZEN OF WHAT COUNTRY? done during mast of working life, even if retired) USA WILLIAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16. SO CLAIL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Arteriosclerotic Cardiovascular Disease LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the discose. DUE TO injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C).... CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B, 1F YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or about alc. WHERE DID (If in Baltimare City, give exact location) hame, factory, street, office bldg., NJURY OCCUR? 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 F. HOW DID INJURY OCCUR? 21D TIME (Manth) (Doy) (Hour) 21 E. INJURY OCCURRED (Year) OF INJURY NOT WHILE (APPROX.) WHILE AT WORK 22. \_\_Inspection X I certify that I held an Inquiry Autopsy and that an this basis, death in my opinion resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE 12/10/67 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Werner U. Spotz, M.D. NAME (Type) 23A. BURIAL CREMATION. 23B, DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (Stote) (City, tawn, or county) REMOVAL (Specify) JOHN M WEBERTSONS LINC 4015. CHESTE

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BIRTH NO. 67 11895		TE OF DEATH	Registered No6	7 11895
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  Agnes  A	Lechert	2. DATE AND H	2-7-67	525 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAN  FULL NAME OF (If not in hospitol or instination) INSTITUTION		00 11.	city limits, write RURAL	202
35 church Ho	me + Hospit	Dalt,  ob. STREET ADDRESS (If rural,  216 S.	give lacotion)  Ann St	-
FW	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) Widowed	8-23-03	64	nder 1 Yr. If Under 24 Hrs. ths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 108, Kind of work 108, Kind of working life, even if retired)  Housewife  13. FATHERS NAME	OF BOSINESS OK INDUSTRE	Maryland  11. BIRTHPLACE (Stote or foreign of  Maryland  14. MOTHER'S MAIDEN NAME		WHAT COUNTRY?
Ignatius Ko	tecki	Anna Wi	eprecht	L
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of se	(rvice) 16. SOCIAL SECURITY NO. 1-12-34-9367	17. INFORMANT		A DDRESS
DISEASE OR CONDITION DIRECTLY	CAUSE	DF DEATH	C 1	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH  (This does not meen the mode of dying heart foilure, osthenio, etc. It means the dinjury or complication which coused death.  ANTECEDENT CAUSES	seose,	Myocardial in Teriscelesses	tarction Cue	18 mos
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) statin UNDERLYING CONDITION lost.	-	it and as law to	- CREAME)	
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar No.) 20 IN	OB. IF YES, WERE FINDING CAUSES	OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., hame, farm, foctory, street, etc.)	in ar about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare City,	give exact location)
OF INJURY (APPROX.)  (Manth) (Day) (Year) (Hau	While At Not Wh	21F. HOW DID INJURY	OCCUR?	
22. I certify that (I) (this hospital) atte	1.0	- /-	7 10	12-7 1967
ond hour ond from the couses stoted ob		view the body ofter death.		
23A. SIGNATURE Rodelin G	B. Op. M.D. At	tending Med. Staf ys. Director Phy		12-7-67
23C. PHYSICIAN'S NAME (Type) Rode 100	M. Lim M.D	0011	/	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  25A. DATE REC'D BY HEALTH DEPT. 25B. N	24C. NAME OF CEMETERY OF CH	REMATORY 24D. LOCA	ALTO	wn, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. N VS 150-REV. 1/1/65	out E. Falley MA	JOHN M. WEDE	PrSons/	MC CHESTER

Maryland Church Home + Hospital Baltimore 216 S. Ann St. Widowed 8-23-03 By Haryland U.S. Housewife. Ignatius Kotecki Anna wegrecht No Paperardial interestion 18 mas Marie St. Marie and charge

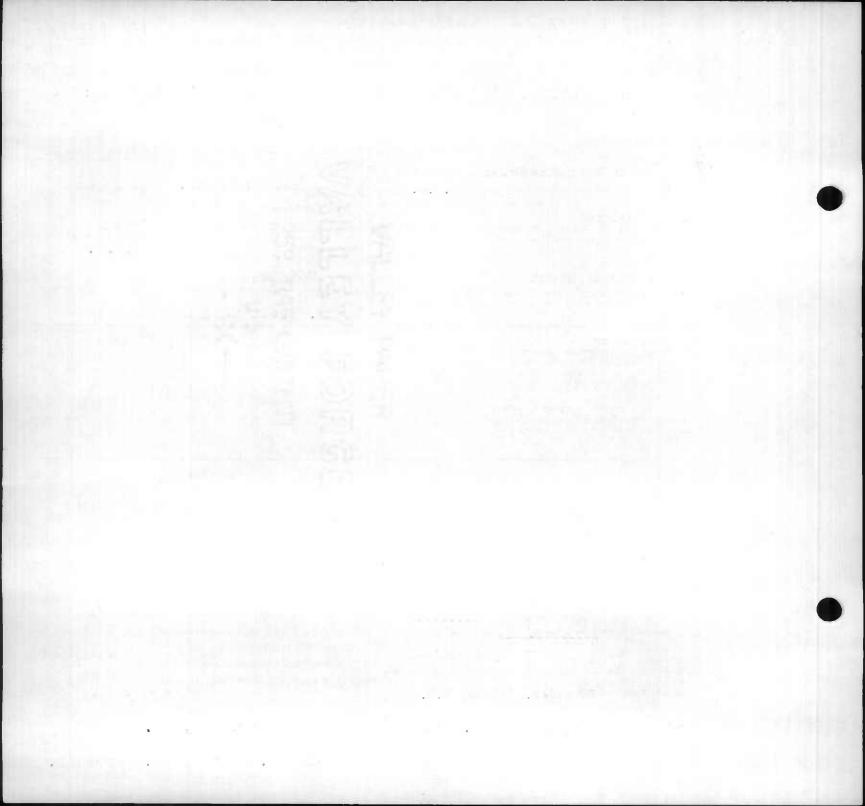
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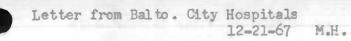
BALTIMORE	CITY	HEALTH	DEPARTMENT

46-83-56 t	BALTIMORE CITY HEALTH DEPARTMENT	27 44000
n	BIRTH NO. DE LIGOD CERTIFICATE OF DEATH REGISTERED NO.	57 11896
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	OR CONTRIBUTING CAUSE OF	ty, give exact location)
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	that (1) (we) last saw the deceased alive an 2-10 1967 and that in(my) (aur) apiniar	n death accurred on the date
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  AND Attending And Staff Por	B, DATE SIGNED
S D O C	Wied.	12-10-67
E 0 0 n + 5	Phys. Director Physician's 23D. ADDRESS LOLO FASTERN AVENU	
was range An a control of the An a control of	Z. A. MC DOVALD M.D. BALTINGRE CTY  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (911), 1	UE BALTIMORE, MI
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Gity, 1)	lown, or couldy) (State)
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nis cer ne bod nows: (as D.C	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAL   25C. FUNERAL DIRECTOR	ADDRESS DUO G
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	E CASE NO.	, , , , ,								
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	0	South Baltimon	re Gene	ral Hospital	D. STREET ADDI	CESS (IT TUTO), gi	ve lacation)			
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13.	FATHER'S NA				14. MOTHER'S M	AIDEN NAME				
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	1B.			CAUSE	OF DEATH					L BETWEEN
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	DISEA	SE OR CONDITION DIL	KECIEY	Suc Suc	den Death	in Infa	ncv	100		
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24/		BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		-	ADDRESS	
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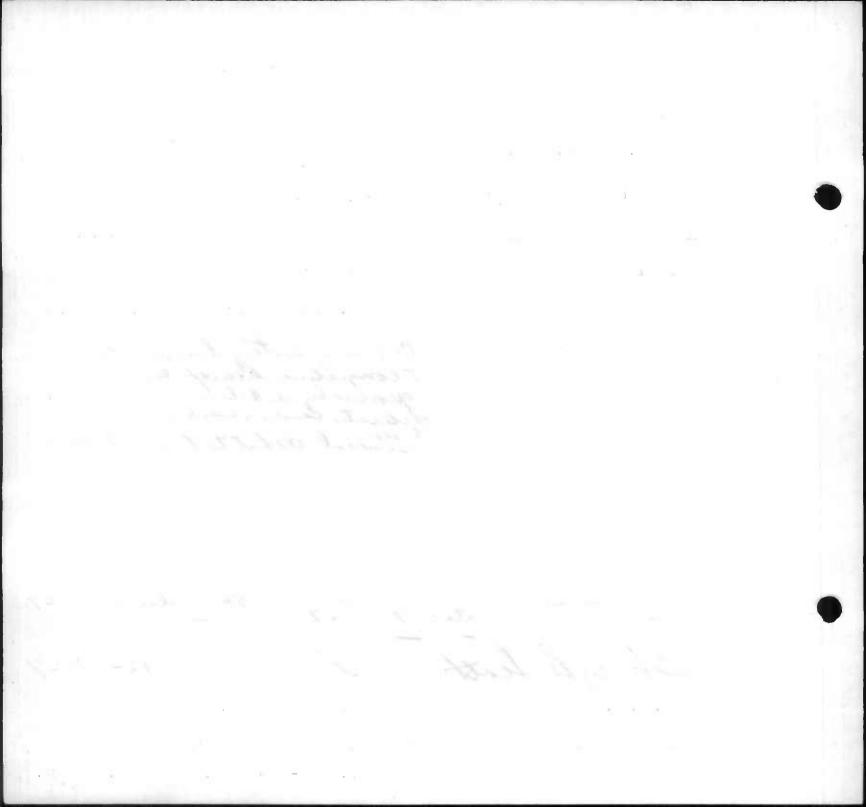




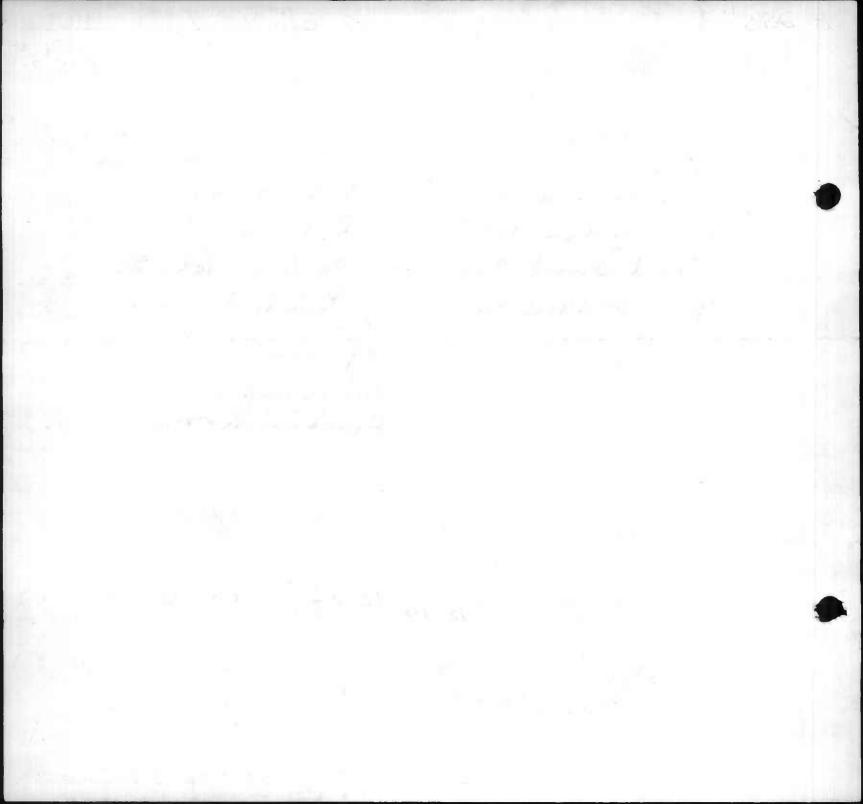
5-415 CM 11000 BALTIMORE CIT	Y HEALTH DEPARTMENT
	ATE OF DEATH Registered No. 11899
M.E. CASE NO.  1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Typpor Print SAMUEC LEON SIOUIN	Dec. 9 1967 16 P M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed fived. If institution: residence before admission) A. STATE / & COUNTY
	4. USUAL RESIDENCE (Where deceosed fived. If institution: residence before admission) A. STATE 8. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city Jippis, write RURAL and give township)
institution 2601 Liberty Hists	13ALTO Ma 15-05
1	D. STREET ADDRESS (If surel, give slocation)
00	2601 Liberty (11 AUE
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.
Malo Caucas Widowed Divorced (Specify)	B. DATE OF BIRTH  19. AGE (In years  Months: Doys  Min.  Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT, COUNTRY?
done during most of working life, even if retired)	Pota Russia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Loeb SlouIN	KASSEN
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or ugknown) (If yes, give war or dates of service) SECURITY NO.	DAY GHTER
CAUSE	OF DEATH INTERVAL BETWEEN
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(This daes not mean the made of dying, e.g., DUE TO	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	with metartages
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C)	
UNDERLYING CONDITION last.	
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DISEASE OR CONDITION CAUSING IT.  U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
Nou? 1967 Was PERFORMED DIE PLACE OF INJURY (e.g.,	IN CERTIFYING CAUSES OF DEATH?
	in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
DEATH (notify medical examiner) etc.)	office bldg., INJURY OCCUR?
DEATH (notify medical examiner)  2 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At I Not Wh	
(APPROX.) Work At Wor	The state of the s
22. I certify that (I) (this haspital) attended the deceased fram O	let 27 1967 to Dec 9 196.
that (1) (we) last saw the deceased alive an Dec 7	19and that in (my) (aur) apinian death accurred an the date
and hour and from the couses stated above. (1) (We) (did) (did not)	view the body after death.
23A. SIGNATURE	23B, DATE SIGNED
H. gerald Oster M.D. A.	thending Med. Stoff Phys. 12-9-67
23C. PHYSICIAN'S	23D. ADDRESS
H.GERALD OSTER M.D	6821 Reisterstown Kd
24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	6 Parata Baldina M. 1
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 12 1967 R.C. & E. tarberma	CIE WALL ARMAGE + MILLIAND 11.11
VS 150-REV. 1/1/65	YEID WORTH MININGOSI -46004 DERTY HEATS



				BALTIMORE CITY	HEALTH DEPARTMENT		67 11000
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	e or Print)		DAT				
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	ULL NAME O		or institution	n, give street	Maryland		
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	1101 8	St. Paul St.	Apt.	<i>#</i> 906	D. STREET ADDRESS	f rural, give location)	
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5. 5	EX	6. RACE		D, NEVER MARRIED (ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
	Male	White	Marr		Dec. 17, 1896	70	
			108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
		warking life, even if retired)	D. to	- 1	California		U.S.A.
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	Owen 1				Hilda Ryder		
15. (Ye:	Was Deceased s, no or unknown	Ever in U. S. Armed For	ces? s of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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0	OR CONTRIBL	NT WAS UNDERLYING DING CAUSE OF	" h	ome, form, foctory, street, o	n ar about 21C. WHERE DID ffice bldg., INJURY OCCUR?	ut in solitime	ore City, give exact location)
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	that (I) (we) lost saw the deceased alive on						
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.						
	23B. DATE SIGNED						
	M.D. Attending Med. Stoff Phys.   12-11-67						
	23C. PHYSICIA NAME (T	N'S			23D. ADDRESS		
		H. B. Scott		M.D.	Medical Art	e Rlo	
24/		MATION, 24B. DATE	24C.	NAME of CEMETERY OF CR	Medical Art		City, town, or county) (State)
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25A	. DATE REC'D	BY HEALTH DEPT.	258. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
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VS	150-REV. 1/1/4	65,0 42 00	4 19 49			540	

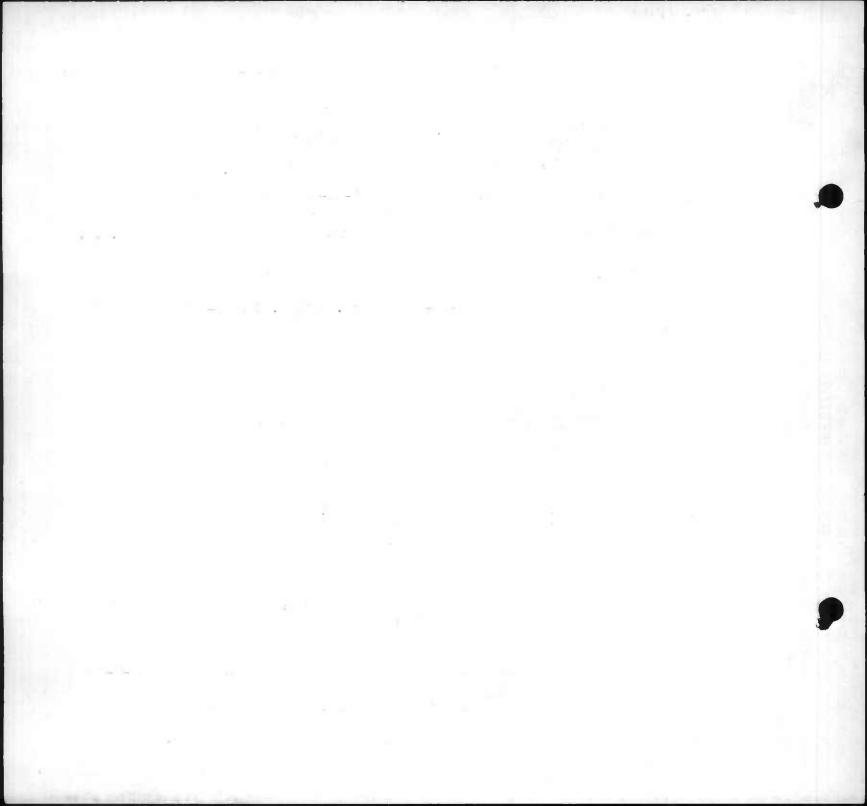


MODURED DAYORED (specify)  Months; Doys Mours Min.  Months;				Y HEALTH DEPARTMENT		67 41004	
IN AARE OF DECEASED  IT YOU AND A CONTRIBUTION  IN AACE OF DEATH IN EATTMORE MARKLAND  IN AACE OF DEATH IN EATTMORE MARKLAND  IN A STATE  A USUAL RESIDENCE (Where deceased lived. If institutions enidonce before admission)  A STATE (CUITY OF IDWN (If outside city limits, write RUEAL and give location)  IN A STATE (CUITY OF IDWN (If outside city limits, write RUEAL and give location)  IN A STATE (CUITY OF IDWN (If outside city limits, write RUEAL and give location)  IN A STATE (CUITY OF IDWN (If outside city limits, write RUEAL and give location)  IN A STATE (CUITY OF IDWN (If outside city limits, write RUEAL and give location)  IN A STATE (COUNTY)  IN A STATE OF ISSUE of In Accounty of In August (In August 1 v. 1)  IN A COUNTY  IN A MARKED NEVER MARKED  IN A MORRES (If rural, give location)  IN A MORRES (If rural, give locatio	ш		101 CERTIFICA	TE OF DEATH	Registered No	0/ 11901	
FULL NAME OF HIS HOLD IN ADDRESS OF Incoden Institution, give seven MSTRUTION address or Incoden Institution of MSTRUTION address or Institution of MSTRUTION address of Institution of Ins	(	Type or Printil Julius Ashma	n	12-	-10 - 67	1 //:/5 PM	
NOTITION  SET  SET  S. EACE    MARRIED, NEVER MARRIED   WIDOWED, LIDOWING or later with the state of the stat	6.3			A. STATE B. COUN	re deceased lived. If institu ITY	ution: residence before admission)	
D. STREET ADDRESS   Ill road, give localend   S. SEE   S. RACE   P. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   P. AGE (in years   Moonths)   Moonths   M		HOSPITAL OR oddress or location)	ion, give street		tside city limits, write RUR	AL and give township)	
WIDOWED, DRYORCED (Specify)  JOA USUAL OCCUPATION (rive kind of work) B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  JOA USUAL OCCUPATION (rive kind of work) B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  JOA WAT COUNTRY  WHAT		42		D. STREET ADDRESS (III	( )	have	
13, FATHERS NAME		Male Cancasing V	Marrie ()	3-30-1894	lost birthdoys N	f Under 1 Yr. It Under 24 Hrs. Nonths: Doys Hours Min.	
15. Was Decessed Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   ADDRESS	•	one during most of working life, even it retired)  Read Esta Q que	150	Balfano	re Mo.	2. CITIZEN OF WHAT COUNTRY?	
THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISTASE OR CONDITION CONTRIBUTING TO THE DEATH BETWEN ON SET AND DEATH CONDITION S. (a) SIGNIFICANT CONDITION S. (b) SECURITY NO.  THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISTASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISTASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISTASE OR CONDITION CONTRIBUTING TO THE DISTASE OR CONDITION COURS OF DEATH?  21A. ACCIDENT WAS CONDITION TO THE DISTASE OR CONTRIBUTING TO THE DISTASE OR CONTRIBUTING CAUSE OF DEATH?  21A. ACCIDENT WAS CONDITION TO THE DISTASE OR CONTRIBUTING TO THE DISTASE OR CONTRIBUTING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21CL/MERRE DID TO THE DISTASE OR CONTRIBUTING CAUSES OF DEATH?  21C. THE MACROSIC OR CONTRIBUTION TO THE DISTASE OR CONTRIBUTION TO		Dow of Bound	Ashnar	Sophia	ME Blake	A I	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., head follure, asthenic, etc. II means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION Lost.  OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  10 ADATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20.A. AUTOPSY? (Yes or No.) 20.8. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH?  11 A. ACCIDENT WAS UNDERLYING WAS PERGRAMED PLEAT (nosify medical examined)  12 D. TIME (Manih) (Day) (Year) (Hour) 21E. INJURY OCCUR?  21D. TIME (Manih) (Day) (Year) (Hour) 21E. INJURY OCCURED Work AI Work Distance of Phys.  22. I certify that (1) (this haspital) attended the deceased from 19 Do 19 Ond that in (my) (our) opinian death occurred on the dot and hour and from the causes stoted above. (I) (We) (did) (did not) view the body ofter death.  23. SIGNATURE  DISTANCE OR CONDITIONS CONTRIBUTING TO THE DISTANCE OF THE PROPERTY OF THE PROPE	(	res, no or unknown) (It yes, give war or dates of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT	A Shower	Sage Fount	
LEADING TO DEATH  (This does not mean the mode at dying, e.g., heart failure, astheria, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITION Sol.  OTHER DISEASE OR CONDITION SOL.  OTHER DISEASE OR CONDITION SOL.  OTHER DISEASE OR CONDITION CAUSING II.  OTHER DISEASE OR CONDITION CAUSING II.  OTHER DISEASE OR CONDITION CAUSING II.  OTHER DISEASE OR CONDITION CAUSES OF DEATH?  OF DISEASE OR CONDITION CAUSE OF THE DISEASE OR CONDITION CAUSES OF DEATH?  OF DISEASE OR CONDITION CAUSE OF THE DISEASE OR CONDITION C		1-42011	CAUSE C	OF DEATH	1		
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injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  139.A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  OR CONTRIBUTING CAUSES OF DEATH?  DISEASE OR CONDITION CAUSING IT.  130.A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  DISEASE OR CONDITION CAUSING IT.  131.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  DOR CONTRIBUTING CAUSE OF DEATH?  DEATH (notify medical examines)  121.B. PLACE OF INJURY (e.g., in or obout 21 C./LWHERE DID home, lorm, loctory, street, office bidg. INJURY OCCUR?  DEATH (notify medical examines)  120. TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURED While A1 Work A1 Work A1 Work A1 Work  A1 Work A1 Work A1 Work A1 Work  22. I certify that (1) (this haspital) attended the deceased from 19 ond that in(my) (our) opinian deoth occurred on the date ond haur and from the causes stated above. (I) (We) (did) (did not) view the body ofter death.  23A. SIONATURE  M.D. Attending Med. Stoli.  Phys. Director Phys.  A2B. DATE SIGNED  DIE TO  19 ond that in(my) (our) opinian deoth occurred on the date on the date of the cause of the			e.g., DUE TO	marcord, al	gridarce og	0 000	
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bldg. INJURY OCCUR?  OF CONTRIBUTING CAUSE OF OPERATION WAS PERFORMED  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  While At Work At Work At Work At Work  At Work At Work  At			the (C)	Hazer aprise	ZIV PDW		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C./WHERE DID NOT CONTRIBUTING CAUSES OF DEATH?  21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED At Work At	1	11					
WAS PERFORMED    Value   Cause of Death   Contributing   Contribu	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
21A. ACCIDENT WAS UNDERTING CAUSE OF DEATH (notify medical exominer)  21B. PLACE OF INJURY (a.g., in or about 21C. WHERE DID home, form, loctory, street, office bldg., lNJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURED While At Work  22. 1 certify that (1) (this haspital) attended the deceased from		19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	ON CERTIFYING CAUSE	DINGS CONSIDERED	
While At Work  22. I certify that (1) (this haspital) attended the deceased from 2-2-19 6 0 19 6 that (I) (we) last sow the deceased alive on 2-10 19 6 ond that in (my) (our) opinion death occurred on the data ond haur and from the causes stated above. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  M.D. Attending Med. Director Phys. 12 10 6		OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	home, form, factory, street, a	in or obout 21C. WHERE DID office bldg. INJURY OCCUR?	(It in Baltimore C	ity, give exoct locotion)	
22. I certify that (1) (this haspital) attended the deceased from 2-2-19 that (1) (we) last sow the deceased olive on 12-10 19 ond that in (my) (our) opinion deoth occurred on the date ond haur and from the causes stated above. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  Attending Med. Phys.  Attending Med. Director Phys.		S 01 11130K1	While At Not Whi	ile 🗀	JURY OCCUR?		
that (I) (we) last sow the deceased alive on 12-10 19 ond that in (my) (our) opinion death occurred on the data and have and from the causes stated above. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  Attending Med. Phys.  Attending Med. Director Phys.	۱	WORK AT WORK					
23A. SIGNATURE  Attending Med. Stoff Phys. 23B. DATE SIGNED  12-18-6	١	that (I) (we) last sow the deceased alive on 12-10 19 6 and that in (my) (our) opinion death occurred on the date					
An to Bare M.D. Attending Med. Director Phys. 9							
		23A. SIGNATURE COBO	M.D. Att	tending Med.	Stoff 5	12-10-6	
NAME (Type) SAM Le BAURY M.D. Sun a HOSO, Lal-		23C. PHYSICIAN'S NAME (Type)	TURY M.D.	23D. ADDRESS	Jaso H	, tal -	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City) town, or county) (Store		AA. BURIAL CREMATION, 248, DATE 24	C. NAME of CEMETERY OF CR	REMATORY 24D. L	OCATION (City)	town, or county) (Stotes	
Buria 12-14-67 marefond memara Ballemare mad		Burial 12-14-67			allemare	Smd ADDRESS	
250 12 1967 R. C. of E. Falleund W. Crok-Brooks Towson, Thusson in		DEC 1 9 1067 A 0	A & Faller MA	1 0	- Brooks Tru	Oson, Theson In	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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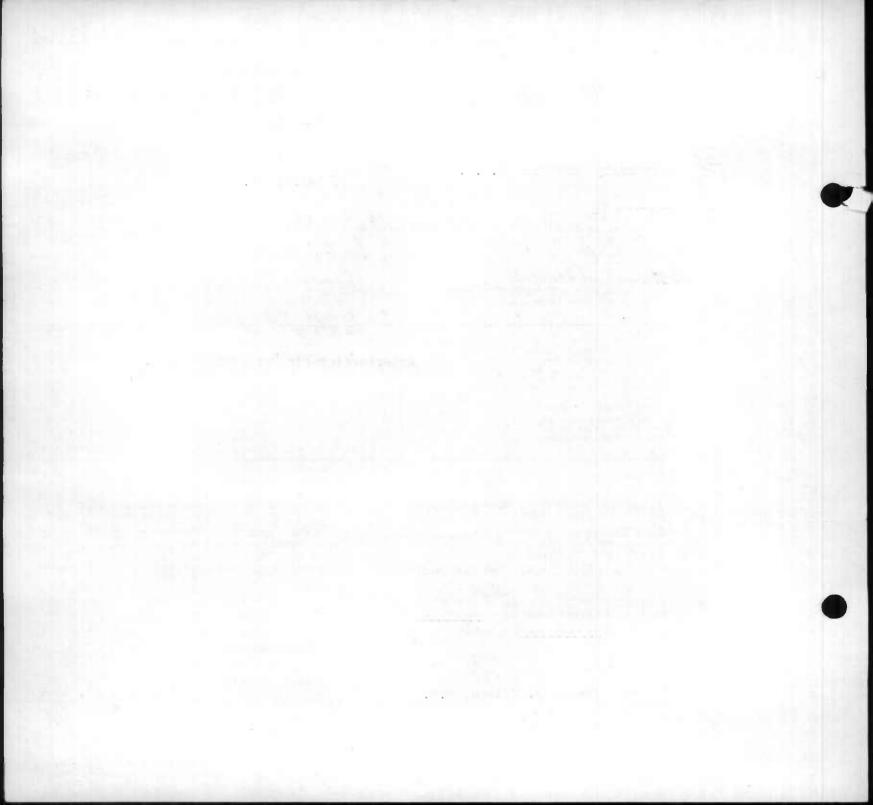
(	-160	)		BALTIMORE CITY	HEALTH DEPARTMENT		C7 44000
BIRT	TH NO.	67	1190	CERTIFICA	TE OF DEATH	Registered No.	67 11902
1, N	AME OF DECEA					AND HOUR OF DEATH	
(Тур	e or Print)	Thomas	Cooper		٦	2-6-67	17 . 15 AM.
3. 1	PLACE OF DEAT	H IN BALTIMORE, MA				here deceased lived, if in	stitution: residence before admission)
	TULL NAME OF	(If not in hospital	or institution	nuo staat	Maryland		
1	HOSPITAL OR	oddress or locotion		dive sweet		outside city limits, write	RURAL and give toweship)
ļ '	Namonon	Provident			Baltimore		1305
	34	1514 Divis				(If rural, give tocation)	
		Baltimore	, Maryla	and 21217	2305 Madiso	n Ave.	
5. 5	EX 6	RACE		NEVER MARRIED ), DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
1	Male	Negro	0.7	ried	7-21-1895	7.2	TVIOLIS DOYS TITOUTS TVIII.
		ATION (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	<ul> <li>during most of wo arpenters</li> </ul>	rking life, even if retired)	Bı	uilding	Maryland		U.S.A.
	FATHER'S NAME	_		x==-6	14. MOTHER'S MAIDEN N	NAME	0.0.1.
	Jo	hn H. Coope	r	10.4		tha Hughes	
(Ye:	was Deceased to s, no or unknown) (I	ver in U.S. Armed For f yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			219-01-0069	Mrs. Ruth A.	Cooper- wife	Same
	1B. 41.20	v / 1		CAUSE O	F DEATH	74	INTERVAL BETWEEN
		OR CONDITION DIR	ECTLY		, , , ,	1-12 21	ONSET AND DEATH
		EADING TO DEATH		(A) M	yocardial	Infarction	
		mean the made of sthenia, etc. II means		DUE TO			
		ication which caused					
	AN	TECEDENT CAUSES		(B)		***************************************	
	DISEASES OR CONDITIONS, if ony, giving						
		abave cause (A) CONDITION (ast.	slating the	(C)			
		11					
NO	OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING	G			
ATION		ATH BUT NOT RELA		E			
FIC	19A. DATE OF C	PERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CERTIFIC	0	WAS FERI	ORMED		No	IN CERIFING CA	USES OF DEATH:
Ü	21 A. ACCIDENT	WAS UNDERLYING		PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
CAL	DEATH (notify m	nedicol exominer)	etc.				
MEDIC		Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
X	(APPROX.)			ile At Not Whi			
Work At Work							
					December 5,		ecember 6, 19 67.
	thot (I) (we) Id	ost saw the decease	d alive an	Decamper o,	19 <u>Q /</u> ond	that in (my) (our) opi	nion death occurred an the date
			ed above. (I	) (We) (did) (did not)	view the body ofter deot	h.	
	23A. SIGNATURE		- 20	0.0			23B. DATE SIGNED
		Regoud 9	. Jews	200 M.D. Att.	ending Med. Director	Staff Phy s.	12-7- 67
	23C. PHYSICIAN NAME (Typ	s O	1		23D. ADDRESS		
		GREGORIO	5. 7	ENGCO M.D.	1514 Divi	sion Street	
24/	BURIAL CREM	ATION, 248. DATE		AME of CEMETERY OF CR			ty, town, or county) (Stote)
			57 A	rbutus Memori	al Park	Baltimore Co.	Maryland
254	Burial . DATE REC'D B	12/10/6	258. NAME C		25C. FUNERAL DIRECT		ADDRESS
	DEC 12	10.00	+ E. Fo	0			Druid Hill Ave.
VS	150-REV. 1/1/65	TOUT ULACYEL	0 6,40	Occió, m	The state of the s		
A 2	130-KEV. 1/1/65						



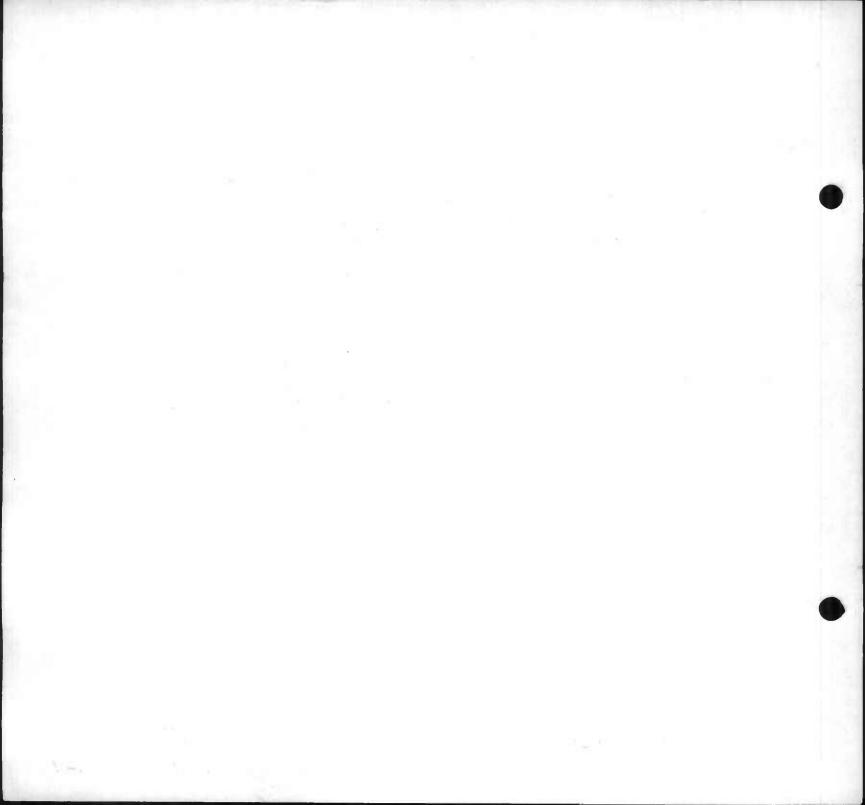
	67 1190 h No.	CERTIFICA	TE OF DEATH	Registered Na.	67 11903
1. N (Ty)	E CASE NO.  AME OF DECEASED NICOLA OR NICKAL	RO OR NICKOLAS	9 DE	HOUR OF DEATH	15:061
	FULL NAME OF (If not in hospital or institution, oddress or location)	give street	A. STATE B. COUNTY Md.  C. CITY OR TOWN (If outside	TO.  deceosed lived. If instit	
2	NSTITUTION TO SOUGH JE		BALTO.	ol, give location)	3-0
	MERCY HOSPITA		I2II GOUGH		
5. 5	M. W. MARRIE	D, DIVORCED (specify)	MAY 9th. 1889 105	7878	If Under 1 Yr. If Under 24 Aonth's Doys Hours A
	USUAL OCCUPATION (Give kind of work 108, KIND O		11. BIRTHPLACE (Stote or foreign ITALY	country)	12. CITIZEN OF WHAT COUNTRY?
	ROSARIO GIRO		MICHALENA ?		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no arunknown) (If yes, give war or dates at service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	andl mornio	ADDRESS
(Ye	NO 18. 24. 20, / I	218-07-8556 CAUSE OF	MR. CARMELO GIRO	) JJUZ LUMNO	INTERVAL BETWEEN
Mains are emp	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost.		1.0		
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19-A-DATE OF OPERATION 198. CONDITION FOR	HE	120 A. ALITOPSY? (Yes or No)	20B. IF YES WERE EIN	IDINGS CONSIDERED
CERTIFIC	WAS PERFORMED		20A. AUTOPSY? (Yes or No)		
CAL	21A. ACCIDENT WAS UNDERLYING   21   Nor CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)	B. PLACE OF INJURY (e.g., in me, lorm, loctory, street, old	ice bldg.	(It in Boltimore C	City, give exoct locotion)
MEDI	OF INJURY	E INJURY OCCURRED  hile At  Not While  At Work	21 F. HOW DID INJUR	Y OCCUR?	
	22. Learnity that (I) (this haspital) attended that (I) (we) lost saw the deceased alive an	9 DEC	19 Ca and that		DEC 19 Can death accurred an th
	and haur and fram the causes stated abave.	(I) (We) (did) (did nat) v	iew the bady after death.	2	38. DATE SIGNED
110	Wa Dowl	Phy:	Med. St. Director P	toll hy s	9 DEC. 67
	23C. PHYSICIAN'S NAME (Type)	AA D			
24.		M.D.	MATORY 24D, LOC	CATION (City,	town, or county) (S
	A. BURIAL CREMATION, 248. DATE 24C. N REMOVAL (Specily)  BURIAL 12/13/67 HOLT A. DATE REC'D BY HEALTH DEPT. 25B. NAME		270.434	CATION (City,	town, or county) (S

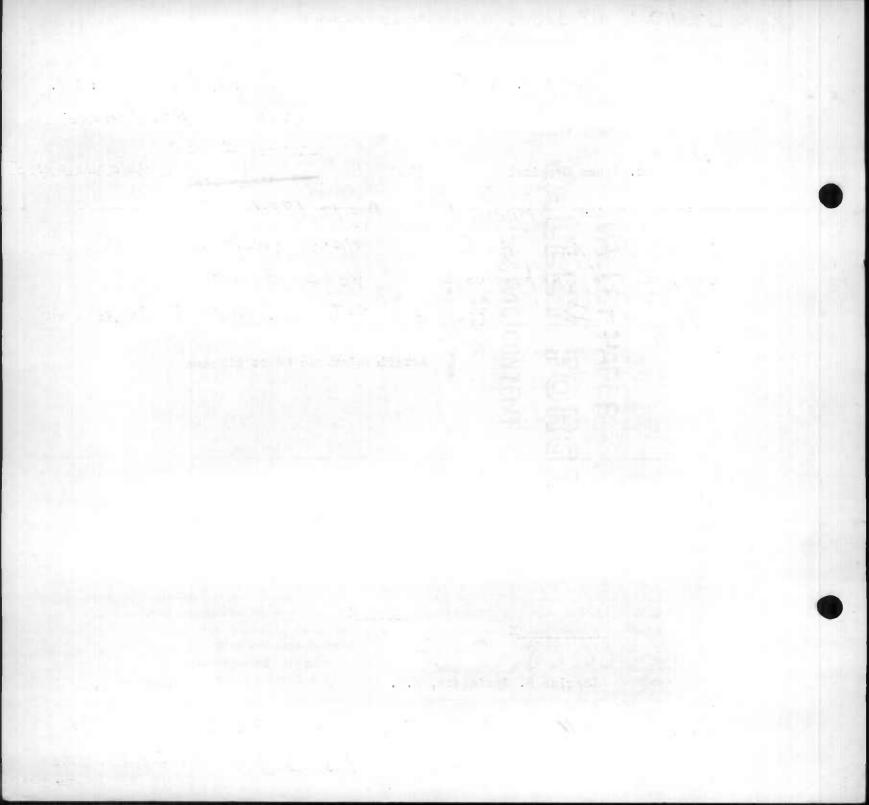
25- 1881 and 100

VS 151-REV. 1/1/65



C-425  BALTIMORE CITY HEALTH DEPARTMENT  67. 11905	
BIRTH NO. 67 11905 CERTIFICATE OF DEATH Registered No.	
M.E. CASE NO.	
1. NAME OF DECEASED  (Type or Print)  2. DATE AND HOUR OF DEATH	
("111) SON, MOYVELL ALLEN 12-8-69 01.20	A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admi	ssion)
A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address at location)  OC. CITY OR TOWN (If outside city limits, write RURAL and given by ship)	
HOSPITAL OR address or location) INSTITUTION  C. CITY OR TOWN (If autside city limits, write RURAL and give township)	3
Baltimore 0600	
Pranklin Square. Hosp D. STREET ADDRESS (If rural, give location)	- 1
5919 Cedonia Ave	
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   11 Under 1 Yr. , 11 Under 24	4 Hrs.
WIDOWED, DIVORCED (specify)   last birthday)   Manths Doys Haurs N	Ain.
Male white Harried 7-15-08 59	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  done during most of working life, even if retired)	
Varidson Inanster (o. h. h. h. h.	
Chang Peur Durason Manster Co. Baltimore HD U.S.	
14. MOTHERS MAIDEN NAME	
Denton Cullison Bertha Boode	
15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS	
(Yes, no or unknawn) (If yes, give war ar dates of service) SECURITY NO.	
18. CAUSE OF DEATH   INTERVAL BETWEEN	e 10s
DISEASE OR CONDITION DIRECTLY	4
LEADING TO DEATH CALCIFIC ADRTIC	d
(This does not meon the mode of dying, e.g.,	****
heori foilure, osihenio, etc. Il meons the diseose,	
LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, ostherio, etc. 11 meons the disease, injury or complication which coused death.)  ANTECEDENT CALLSES  (B)  (A) CALCIFIC AURTIC  STEMOSIS & CAROINC  HYPERTROPHY	
DISEASES OR CONDITIONS, if ony, giving	
DISEASES OR CONDITIONS, if ony, giving	
rise to the obove couse (A) stoting the (C) ULCER	
UNDERLYING CONDITION losi,	
- II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
Disease or condition causing it.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED  12-2-67  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  12-2-67  12-2-67	
U 21A. ACCIDENT WAS UNDERLING [V 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimare City, give exact lacation)	
OR CONTRIBUTING CAUSE OF home, factory, street, office bldg., INJURY OCCUR?	
U	
OF INJURY  (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED  21F. HOW DID INJURY OCCUR?	
While At Wark  (APPROX.)  While At Wark	
	W
22. I certify that (I) (this haspital) attended the deceased from 12 - 2, 1969 to 14 - 196	/
that (I) (we) lost saw the deceased alive an 1, 20 AK 12-2 19.6.) and that in (my) (aur) opinion death occurred on the	dote
and haur and from the couses stated above. (1) (We) (did) (did not) view the body ofter death.	
23A. SIGNATURE	
	1
Phys. Director Phys.	<u>'                                    </u>
23C. PHYSICIAN'S NAME (Type)	
240. DATE 240. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (S)	tate)
82nd Bock Lee M.D. Franklin square Husp  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (S1  REMOVAL (Specify)	ale!
Baltimore, A ruland	
25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	
DEC 12 1967 Of Pro to E tarbey MA John C. Millon Inc6415 Rolain Rd -212	206
VS 150~REV, 1/1/65	





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•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	M. 1. 1 (Ty
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FUNERAL DIRECTOR: IMPORTANT	act pr	
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contribution shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased printing of any physician was in regular attendance on the deceased provides and (6) No physician was in regular attendance on the deceased provides and physician was in regular attendance.	24
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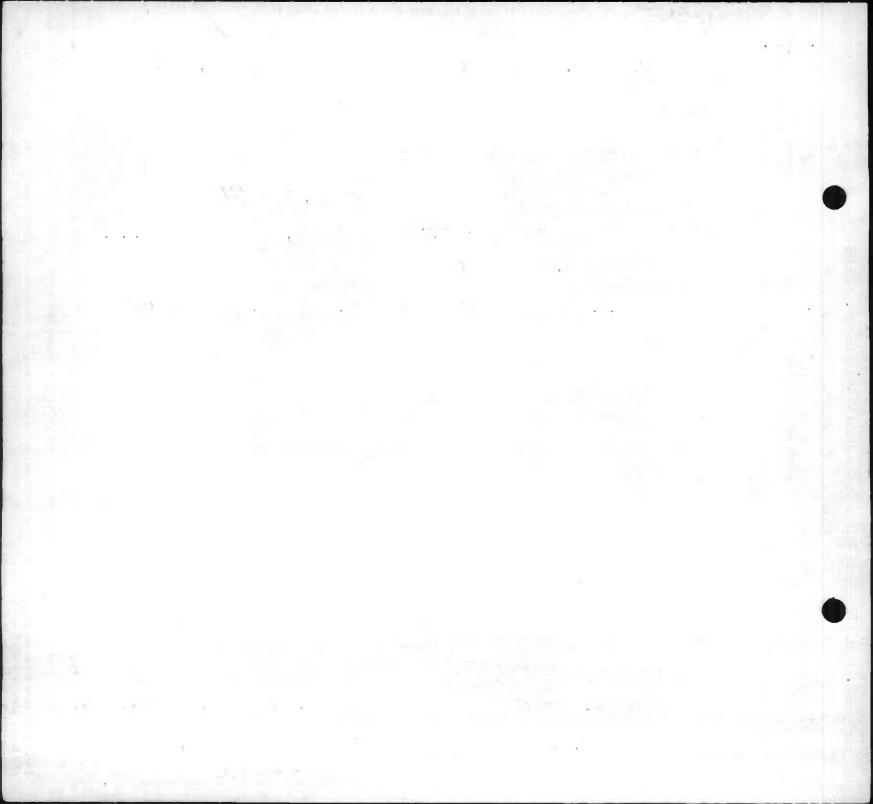
P-362 BALTIMORE CIT	Y HEALTH DEPARTMENT 67 11907
BIRTH NO. 67 11907 CERTIFICA	ATE OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) PATTERSON, SAMUEL EL	I Lec. 1/1967 8 A.M.m.
3. PLACE OF DEATH IN BALTIMORE, MARILAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)  A. STATE  B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	MO. 21061 Amos Amodella
HOSPITAL OR oddress or lacotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
38	GLEN BURNIE 52-00
UNIVERSITY HOSPITAL	D. STREET ADDRESS (If rurol, give tocotion)
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	1100 1000 0000 000000
WIDOWED, DIVORCED (specify)	3/13/97 lost birthdoy Month's Doy's Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Mech-RETICED Transfer + Riagina	MD (Hampstead) USA
13. FATHER'S NAME	14. MOSHER'S MAIDEN NAMEL. COR
William E. Patterson	ELIZABETH EC.
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS
Yes W.W.I 212-07-7566	Mrs. Anna M. Patherson (wife) Same As#2
18. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not meon the mode of dying, e.g., DUE TO	RDIO-PULMONARY FALURE - SECS. ARREST
injury or complication which caused death.)	
ANTECEDENT CAUSES (B) CEA	LEBRO-VASCULAR 4 DAYS
DISEASES OR CONDITIONS, if ony, giving	ACCIDENT
rise Ia the abave couse (A) sloting the (C)	
II	ATHEROSCLEROSIS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING   21 B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Baltimore City, give exact location)
	office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not Wh	ile
Work LJ Al Work	
22. I certify that (1) (this hospital) oftended the deceased fram	7 OEC. 1967 to 11 OEC. 1967.
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ond hour ond from the couses stoted obove (1) (We) (did) (did not)	view the body after death.  238. DATE_SIGNED
Miles S S S M.D. AI	Hending Med. Stoff A 1/1, 1/1/9/7
23C. PHYSICIAN'S	23D. ADDRESS
NAME (Type) ICHARD P PITTMAN M.D	1
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	
REMOVAL (Specify) Dec. 14/10 Bolton No. 4'1	1 Balton und
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNDAL DIRECTOR
DEC 12 1967 P. D. A E. Farlume	Alderth Singleton funem Hom
VS 150-REV. 1/1/65	Colon Burnie, 170.

Therefor I Rigging Some IF. C. Cole = Med W 195 I 212-07-796 Ma from Milleboom (with) Same 11: " 4 Burial Decropes Bolto Nat 1. Com.

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nust be approved by the chief medical examiner or his assistant if death occurred in a hospital a	leased to the hospital by a medical examiner. Also, if the direct or contributing cause of dea	cident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceas	hospital (except where the physician who pronounced death was in regular attendance on t	to death); and (6) No physician was in regular attendance on the deceased prior to death. Su	al must be obtained before the remains are embalmed or final disposition is made.	
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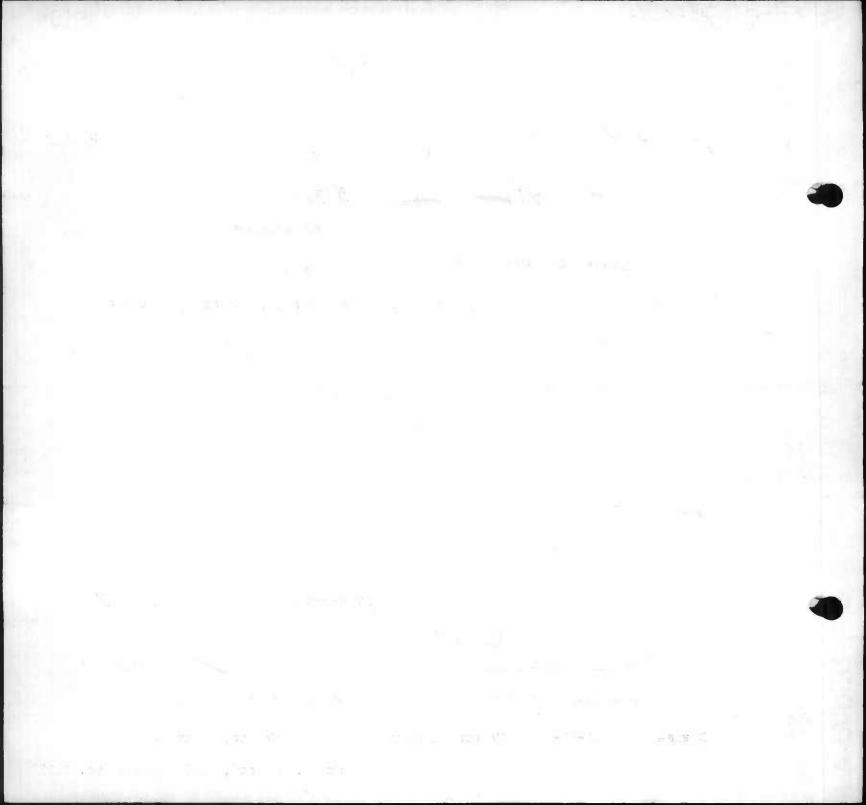
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) EARL REINHART DECEMBER 9, 1967 4, USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A, STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE FULL NAME OF (If not in hospital or institution, give street MARYL AND HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION LINTHICUM D. STREET ADDRESS (If rural, give location) BALTIMORE HOSPITAL 906 LYNVUE AVENUE 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years 6. RACE If Under 1 Yr. Months: Doys If Under 24 Hrs. lost bighyloy) WIDOWED, DIVORCED (specify) Hours 11, MALE WHITE MARRIED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? SALESMAN INDUSTRATES BALTIMORE, MARYLAND US.A. INN 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME THOMAS G. REINHART MARGARET (unknown) 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. MRS. GLORIA A. REINHART (Dife) SAME YES W.W. 11 215 05 9548 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl foilure, osthenio, etc. Il meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF etc.) DEATH (notify medical examiner) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While 1 (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an... and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Stoff Director \_\_\_ Phy s. L 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 100 N. Broadway, Balto., Md., 21231 George C. Roveti M.D. 24D. LOCATION 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) REMOVAL (Specify) 13/67 LOUDON PARK CEMETERY BALTIMORE. MARYLAND DEC. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



V/_2/12 BALTIMORE CITY	HEALTH DEPARTMENT					
BIRTH NO. 67 11909 CERTIFICA	TE OF DEATH Registered No. 67 11909					
1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
VILKAUCKAS, MARY GERTRUDE	DECEMBER 9. 1967   8:40A.M.					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) A. STATE B. COUNTY					
FILL NAME OF the part is beautiful as institution of the stand	MARYLAND 21223					
FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
ST. AGNES HOSPITAL	7/1=/1					
CATON & WILKENS AVES.	D. STREET ADDRESS (If rurol, give locotion)					
	2624 COLE ST.					
BALTIMORE MD 21229  5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.					
FEMALE WHITE WIDOWED, DIVORCED (specify)	07-08-00 lost birthday Manths Doys Hours Min.					
10A. USUAL OCCUPATION (Give kind of wark 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	MARYLAND U. S. A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
PETER Clopein DECEASED	MARY GORDON DECEASED					
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, na ar unknawn) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT CATON & WILKENS AVERSS					
218 12 2518	ST. AGNES HOSPITAL RECORDS					
18. 2 0 2 X 1 CAUSE C	F DEATH INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
LEADING TO DEATH	ultiple Myeloma					
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury ar complication which caused death,)						
DUE TO	**************************************					
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C)UNDERLYING CONDITION lost.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID (If in Boltimore City, give exact location)					
OR CONTRIBUTING CAUSE OF home, foctory, street, or DEATH (natify medical examiner)	mice bidg., INJURY OCCUR?					
Q 21D, TIME (Month) (Day) (Year) (Hour) 21E IN LIES OCCURRED						
OF INJURY						
(APPROX.) Work At Work						
22. I certify that 💢 (this haspital) attended the deceased from N.C.	OVEMBER 9 1967 10 DECEMBER 9 1967.					
	19 67 and that in (my) (our) apinion death occurred on the date					
ond hour and from the couses stated above. (1) (We) (did) ((i)) ((a))						
23A. SIGNATURE	23 B. DATE SIGNED					
	ending \( \tag{Ned} \) \( \tag{Stoff} \) \( \tag{12/2/45}					
23C. PHYSICIAM'S NAME (Type) DR. GABRIELA BRAUN M.D.	ST. AGNES HOSPITAL BALTIMORE, MD.					
	CATON & WILKENS AVES. 21229					
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CR						
Burial 12-12-67 Meadowridge Cemer	tery Howard County, Maryland					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Howard H. Hubbard, 4107 Wilkens Ave. 21229					
DEC 12 1967 Robert E, tarberno	Howard H. Hubbard, 410/ Wilkens Mve. 21227					
VS 150-REV. 1/1/65						

.TL N-3 8212 Brs. pris TA. T. STEELER THE REAL PROPERTY AND A PROPERTY OF THE PROPERTY OF THE PARTY OF THE P H 4 120 . EL

	O.			TE OF DEATH	ND HOUS OF BELLE	
1. NAME OF (Type or Print)	- 1	M.	BOUCHARD		NO HOUR OF DEATH	500
3. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WI	nere deceased lived. If	institution: residence befo
FULL NAM	AE OF (If not in hospital	as institution	awa ahaal	MD	CARRO	LL (O)
HOSPITAL	OR address or location	n)	give street	C. CITY OR TOWN (If o	outside city limits, write	RURAL and give towns
INSTITUTIO	UN MO,	1050,				
28	Q- 17 / 12, /			D. STREET ADDRESS	If rural, give lacation)	
00				8 15	AVE.	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If I Months: Days Hou
M	W	DIV.	D, DIVORCED (specify)	5/3/05	62	Trionin's Doy's
				11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
done during mo	st of working lile, even if retired)			NEBRA	TSKA	WHAT COUNTR
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N.	AME	1
	LOVIS R.	Bouch	HARD			
6 W - D					EVERTS	A
Yes, no or unk	osed Ever in U.S. Armed For nown) (If yes, give wor or date	rces: es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
UNKNOW	N		219-10-0308	Woods Chapel	, Seward ,	Nebraska
18.	8 1,01		CAUSE	DE DEATH		INTERVAL B
DI	SEASE OR CONDITION DI	RECTLY				
(Thin d.	LEADING TO DEATH as not mean the mode of	duice	(A) C'A	RCINEMA OF LL	NG	3/2-
heort fai	uie, asthenia, etc. Il means	the disease	, ,			
		death)				
injury or	camplication which caused		(B) C. D	BCINGHA OF BL	ADDER	
	ANTECEDENT CAUSES			RCINGHA OF BL	ADDER	
DISEASE	ANTECEDENT CAUSES S OR CONDITIONS, if	ony, giving				
DISEASE rise lo	ANTECEDENT CAUSES	ony, giving		REINGHA OF BL		
DISEASE rise Io UNDERL	ANTECEDENT CAUSES S OR CONDITIONS, if the above cause (A)	ony, giving				
DISEASE rise Io UN DERL	ANTECEDENT CAUSES  S OR CONDITIONS, if the abave cause (A) YING CONDITION last.	ony, giving slaling the	(C)			
DISEASE ise to UN DERL	ANTECEDENT CAUSES  S OR CONDITIONS, if the abave cause (A) YING CONDITION last.  II IGNIFICANT CONDITIONS CE E DEATH BUT NOT RELA OR CONDITION CAUSING OR CONDITION CAUSING	ony, giving stating the CONTRIBUTINATED TO THE	(C)			
DISEASE rise Io UNDERL  OTHER 9 TO THE USEASE 194. DAT	ANTECEDENT CAUSES  S OR CONDITIONS, if the abave cause (A) YING CONDITION last.  II IGNIFICANT CONDITIONS CE DEATH BUT NOT RELA OR CONDITION CAUSING  E OF OPERATION 198. CON WAS SERE	ony, giving slating the CONTRIBUTINATED TO THE IT.	G HE WHICH OPERATION	20A, AUTOPSY? (Yes or 1		
DISEASE DISEAS	ANTECEDENT CAUSES  S OR CONDITIONS, if the abave cause (A) YING CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving slaling lhe CONTRIBUTINATED TO THE IT.	G HE WHICH OPERATION CRUL CA BLAN	20A. AUTOPSY? (Yes or I	Nol 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERE AUSES OF DEATH?
DISEASE  DISEASE  OTHER S  TO TH  DISEASE  19A. DAT  OTHER S  OTHE	ANTECEDENT CAUSES  S OR CONDITIONS, if the abave cause (A) YING CONDITION Idst.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving stating the CONTRIBUTINATED TO THIT. HOTON FOR FORMED SETTION AT	G HE  WHICH OPERATION  CELL CA BLAN  B. PLACE OF INJURY (e.g., ne, form, foctory, street, or	20A, AUTOPSY? (Yes or 1	Nol 20B, IF YES, WERE IN CERTIFYING CA	
OISEASE UNDERL  NOTHER S TO TH DISEASE 19A. DAT 0 OR CON DEATH (0)	ANTECEDENT CAUSES  S OR CONDITIONS, if the abave cause (A) YING CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving slaling the CONTRIBUTION ATED TO THE IT. HOTTON FOR FORMED SUFFER ATED ATED ATED ATED ATED ATED ATED ATED	WHICH OPERATION  CELL CA BLAN  3. PLACE OF INJURY (e.g., ne, form, foctory, street,	20A. AUTOPSY? (Yes or 1	No) 20B, IF YES, WERE IN CERTIFYING C./ (If in Boltima	FINDINGS CONSIDERE AUSES OF DEATH?
DISEASE DISEASE OF TO THE STORY OF THE STORY	ANTECEDENT CAUSES  S OR CONDITIONS, if Ihe abave cause (A) YING CONDITION Ideal.  IGNIFICANT CONDITIONS OF DEATH BUT NOT RELATED TO THE CONDITION CAUSING  E OF OPERATION 19B. COMMAS PER TRIBUTING CAUSE OF CONDITION CAUSING CAUSE OF CONDITION CAUSING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTR	ony, giving slating the CONTRIBUTION ATED TO THIT.  IDITION FOR FORMED SUFFICIAL ATED TO ATE	WHICH OPERATION  CELL CA BLAN  3. PLACE OF INJURY (e.g., ne, form, foctory, street, (	20A. AUTOPSY? (Yes or I	No) 20B, IF YES, WERE IN CERTIFYING C./ (If in Boltima	FINDINGS CONSIDERE AUSES OF DEATH?
DISEASE DISEAS	ANTECEDENT CAUSES  S OR CONDITIONS, if The abave cause (A) YING CONDITION Ideal.  IGNIFICANT CONDITIONS OF E DEATH BUT NOT RELY OR CONDITION CAUSING E OF OPERATION 198. CON WAS PERE TRIBUTING CAUSE OF Intify medical examiner)  E (Month) (Day) (Year)	ony, giving slating the CONTRIBUTION ATED TO THIT.  IDITION FOR FORMED SUFFICIAL ATED TO ATE	G HE WHICH OPERATION  CRUL CA BLAN  B. PLACE OF INJURY (e.g., me, form, foctory, street,  INJURY OCCURRED  Total Not White	20A. AUTOPSY? (Yes or I	No) 20B. IF YES, WERE IN CERTIFYING C.  (If in Baltima	FINDINGS CONSIDERE AUSES OF DEATH?
DISEASE DISEAS	ANTECEDENT CAUSES  S OR CONDITIONS, if The abave cause (A) YING CONDITION Ideal.  IGNIFICANT CONDITIONS OF E DEATH BUT NOT RELY OR CONDITION CAUSING E OF OPERATION 198. CON WAS PERE TRIBUTING CAUSE OF Intify medical examiner)  E (Month) (Day) (Year)	ony, giving stating the CONTRIBUTION ATED TO THIT.  ALDITION FOR FORMED 211 hor etc (Hour) 21E WI W.	GALE WHICH OPERATION  CELL CA BLM  3. PLACE OF INJURY (e.g., ne, form, foctory, street, or ne)  INJURY OCCURRED  hile At Not Whith At Work	20A. AUTOPSY? (Yes or I	No) 20B. IF YES, WERE IN CERTIFYING C.  (If in Baltima	FINDINGS CONSIDERE AUSES OF DEATH?
DISEASE  TO THE STORY  OTHER STORY  OTHER STORY  TO THE DISEASE  19 A. DAT  21 A. ACC  OR CON  DEATH (1)  OF INJU'  (APPROX.  22. I cei	ANTECEDENT CAUSES S OR CONDITIONS, if The abave cause (A) YING CONDITION Ideal.  IGNIFICANT CONDITIONS OF E DEATH BUT NOT RELA OR CONDITION CAUSING E OF OPERATION 198. CON WAS PER THE CONDITION CAUSING CIDENT WAS UNDERLING RIBUTING CAUSE OF TOTIFY medical examiner)  E (Month) (Day) (Year)	ony, giving slating the CONTRIBUTION ATED TO THE IT.  ADDITION FOR FORMED SETTION AT.  (Hour) 21E WI W. (Hour) 21E W. (Hour	WHICH OPERATION  CELL CA BLAN  3. PLACE OF INJURY (e.g., ne, factory, street, of the street, of	20A. AUTOPSY? (Yes or 1)  O O O O O O O O O O O O O O O O O O O	No) 20B, IF YES, WERE IN CERTIFYING C.  (If in Boltimo	E FINDINGS CONSIDERE AUSES OF DEATH? One City, give exact loco
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BIRTH NO.  M.E. CASE NO.  1. NAME OF DECEASED Widmeyer  (Type of Print)  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  DEATH OF DEATH IN BALTIMORE, MARYLAND  CERTIFICATE OF DEATH  2. DATE AND HOUR OF DEATH  1. J.
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(Type of Print)  The state of Death in Baltimore, maryland  14. USUAL RESIDENCE (Where deceased lived, if institution; residence before admissingly the state of
B. PLACE OF DEATH IN BALTIMORE, MARYLAND [14. USUAL RESIDENCE (Where deceased lived, if institution; residence before admissi
A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)  GOVERNMENT (If not in hospital or institution, give street of the street of
INSTITUTION (If obtside city limits, write KORAL and give township)
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AND THE PARTY OF T
5. Was Deceased Ever in U. S. Armed Forces?  (es, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL  SECURIONO.
213-10-4138 Chart record
18. CAUSE OF DEATH INTERVAL BETWEEN
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(This does not meen the made of dying, e.g., heoif failure, asthenio, etc. It meens the disease, injury ar complication which coused deoth.)  ANTECEDENT CAUSES  DISEASE OR CONDITION DIRECTLY  (A) 9 eneralized arteriosclerosis  DUE TO  (B) Jiabeles mellitus
(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease.
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19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTORSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)
, OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
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and haur ond from the causes stated above. (1) (We) (did nat) view the body after death.
23A. SIGNATURE
M.D. Attending Med. Stoff Phys. V 12-9/67
23C. PHYSICIAN'S 23D. ADDRESS
NAME (Type) W Lee M.D. ZRANKLIN SQUARE HOSPICAL
7.002
REMOVAL (Specify)
Burial Meadowridge Mem, Park Cem Howard County, Maryland
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
DEC 12 1967 Robert E. tarkey Howard H. Hubbard, 4107 Wilkens Ave. 2123
\$ 150-REV. 1/1/65



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

7	2-636	)	7 530	140	BALTIMORE CI	TY HEALTI	H DEPARTMENT			67 11912	0
BIRT	H NO.	O_	7 119	112	CERTIFIC	ATE C	F DEATH	Register	ed Na	OF TIGHT	-
	AME OF DECE	ASED						AND HOUR OF	DEATH		
(Typ	pe or Print)	Adelaide	I	Par	rrott		12	/11/67		8 a	" M.
3. 1	PLACE OF DEAT	TH IN BALTIMORE,	MARYLAND			A. STAT	AL RESIDENCE (W	/here deceosed li U <b>NT</b> Y	ved. If institu	ution: residence before	odmission)
	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospi oddress or loca		ion, give str	eet	c. cim	Maryland OR TOWN (IF	outside city timit	ts, write RUR	AL ond give minship	ZZ
9	Gould	Convales	arium				eltimore let Address 103 Edly			×1.	20
5. 5	EX	6. RACE	7. MARI	RIED, NEVE	RMARRIED	B. DATE	OF BIRTH	9. AGE (In ye	eors t	f Under 1 Yr. If Und	der 24 Hrs.
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		A Lanahan		13 ( 24		17	Eva Sen	ft		4000000	
(Yes	s, no or unknown)	Ever in U. S. Armed (If yes, give war ar	dates of servi	ice)   56	CURITY NO.	17. INFO	I MANI			ADDRESS	
	No					Mr	John F Pa	rrott	Same		
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	/	OR CONDITION EADING TO DEA			arnh	1	.21	/ · · ·		1. 1.	
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	injury or complication which caused death.)					19nz , Se	my Solintie Cooks Sissentis unknown				
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	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.					with ~	y men	so so ce ex		0010108	
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ATION	TO THE DE	II ICANT CONDITIONS ATH BUT NOT R CONDITION CAUSIN	ELATED TO	JTING THE							
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EDIC		(Month) (Day) (Ye	or) (Hour)	21 E. INJU	RY OCCURRED		21 F. HOW DID	INJURY OCCUR	?		
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and haur and fram the causes stated abave. (I) (ME) (did) (did)  23A. SIGNATURE						-) view the	body atter deat	n.	122	B. DATE SIGNED	
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	Inst	iberk L	crey	enza		Attending hys.	Director	Phys.		1.7/11/0/	
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24/	BURIAL CREM	AATION, 24B. DATE	1 24	C. NAME o	CEMETERY OF	CREMATOR	24D	LOCATION	(City,	town, or county)	(State)
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254	DEC 1	2 1067 A	25B. NA	I D			FUNERAL DIRECT		Inc F	ADDRESS 305 Harfo	ord Rd
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n	7-200 BALTIMORE CITY HEALTH DEPARTMENT		67 11913
1	67 11913 CERTIFICATE OF DEATH	Registered Na	0/ 11010
1. N	AME OF DECEASED 2, DATE AN	ND HOUR OF DEATH	
(Тур	MC GEE, Charles Roe 12-11	-67	9:15 A M.
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Whe	ne deceased lived. If in	nstitution: residence befare admission)
F	FULL NAME OF (If not in haspital or institution, give street Maryland		
H		stride city limits, write	RURAL and give tawaship)
	eterans Administration Hospital Baltimore		4/-07
3	900 Loch Raven Boulevard D. STREET ADDRESS (III	iurol, give location)	
		venue	
5. S	WIDOWED, DIVORCED (specify)	9. AGE (In years lost birthday)	If Under 1 Yr. )f Under 24 Hrs. Months; Days Hours Min.
	ale Caucasian Divorced 6-20-98	69	
done	. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore eduring most of working life, even if retired)	ign country)	12. CITIZEN OF WHAT COUNTRY?
	rack Crew Forman Rail Road North Carolin		U.S.A.
13.	FATHER'S NAME 14. MOTHER'S MAIDEN NA	ME	
D	avid McGee Elizabeth Ma	iden name w	nknown
15. Yes	Was Deceased Ever in U. S. Armed Forces?  s,no ar unknown) (If yes, give war ar dates of service)  16. SOCIAL  17. INFORMANT  SECURITY NO.		ADDRESS
	es 2-6-17 to 10-27-19PN165-06-20-98 3900 Loch Raven	spital Record	MA 21210
_	18. // CAUSE OF DEATH	DIAG DATE	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	0	ONSET AND DEATH
	LEADING TO DEATH (A) Cardiac Aure		
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ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
CAI	DISEASE OR CONDITION CAUSING II.	all 200 te ves were	FINDINGS CONSIDERS
CERTIFIC	WAS PERFORMED	IN CERTIFYING CA	USES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID	(If in Boltimore	e City, give exact locotion)
AL	OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  home, farm, factory, street, office bldg., INJURY OCCUR? etc.)		
U	21D. TIME (Manth) (Doy) (Yea) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJ	IURY OCCUP?	
	OF INJURY While At Not While	TORT OCCUR.	
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		19 ta 12-	
	that M (we) last saw the deceased alive an 12-11 19 67 and the	nat in 韓國() (aur) api	nian death accurred an the date
	and haur and from the causes stated above, (1) (We) (did) (1) view the body after death.		
	23A. SIGNATURE	e. "	23B. DATE SIGNED
	Monica / Huchby M.D. Attending Med. Director	Stoff Phys. 30	12-11-67
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 3900 Lo	ch Raven Bl	vd.
	MONICA M. BUCKLEY, M.D. VA Hospital, Ba		
24A			ity, town, as county) (State)
	Burial 12/14/67. Baltimore National Cemetery	Baltimore	Md.
25 A	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTO	R	ADDRESS
	DEC 12 1961 Obler E. tarbey Ma Leonard J. Ru	ck, Inc. Bali	to.Md. 21214
5	150-REV. 1/1/65		

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## 67 11914 CERTIFICATE OF DEATH

## BALTIMORE CITY HEALTH DEPARTMENT

Req	ist	ered	No.	

11914

M.E. 1. N. (Type	AAAF	OF	DF	TEAS	FD
(Type	10 9	Prin	1)	5675	
1, , , b b					s.do.

HOSPITAL OR

INSTITUTION

IESS AMINE FARBER BALTIMORE MARYLAND

2. DATE AND HOUR OF DEATH

	Dec./	9				7	P.
4. USUAL RESIDENC A. STATE B.	E (Where dece COUNTY	eosed lived.	If	in stitution:	residence	béfore	odmissi

FULL NAME OF

(If not in hospital or institution, give street MARYLAND oddress or location) C. CITY OR TOWN

BALTIMORE CITY HOSPITALS

D. STREET ADDRESS

(If turol, give location) PRESTON ST. 21202

(If outside city limits, write RURAL and give to winship

4940 EASTERN AVENUE BALTIMORE 21224, MARYLAND MARRIED, NEVER MARRIED 5. SEX 6. RACE WIDOWED, DIVORCED (specify)

8. DATE OF BIRTH

BALTIMORE

9. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) Months Doys Hours

MARR IED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) done during most of working life, even if retired)

MARYLAND

14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY? U.S.A.

ADDRESS

13. FATHER'S NAME

HOUSEW IFE

VanDyke JOHNS Henry

LENA MARIE STEINMEYER

15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) NO

6. SOCIAL SECURITY NO. 216-05-1035A 17. INFORMANT 21224. MD.

RECORDS: BCH 4940 EASTERN AVE. BALTIMORE

DISEASE OR CONDITION DI	RECTLY
(This does not mean the mode of heart failure, asthenia, etc. It means	the disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, giving to the above cause (A) stating the UNDERLYING CONDITION last.

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INTERVAL BETWEEN ONSET AND DEATH

П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

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Med.

198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION

(Hour)

20B. IF YES. WERE FINDINGS CONSIDERED

IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME OF INJURY (Month) (Doy) (Year) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

CAUSE OF DEATH

(If in Boltimore City, give exact location)

While At (APPROX.) Work 22. I certify that (t) (this hospital) attended the deceased from

Not While At Work

and that in(my) (gur) opinion deoth occurred on the dote

ond hour and from the couses stoted obove. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE

that (1) (we) lost sow the deceased alive on

M.D. Attending

Loudon Park

23B. DATE SIGNED

Dec. 10, 1967 BALTIMORE 21224, MARYLAND

23C. PHYSICIAN'S NAME (Type) DR. BENJAMIN LECHNER 24A. BURIAL CREMATION, 24B. DATE

24C. NAME of CEMETERY OF CREMATORY

19...

23D. ADDRESS

BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE (City, Iown, or county)

Baltimore

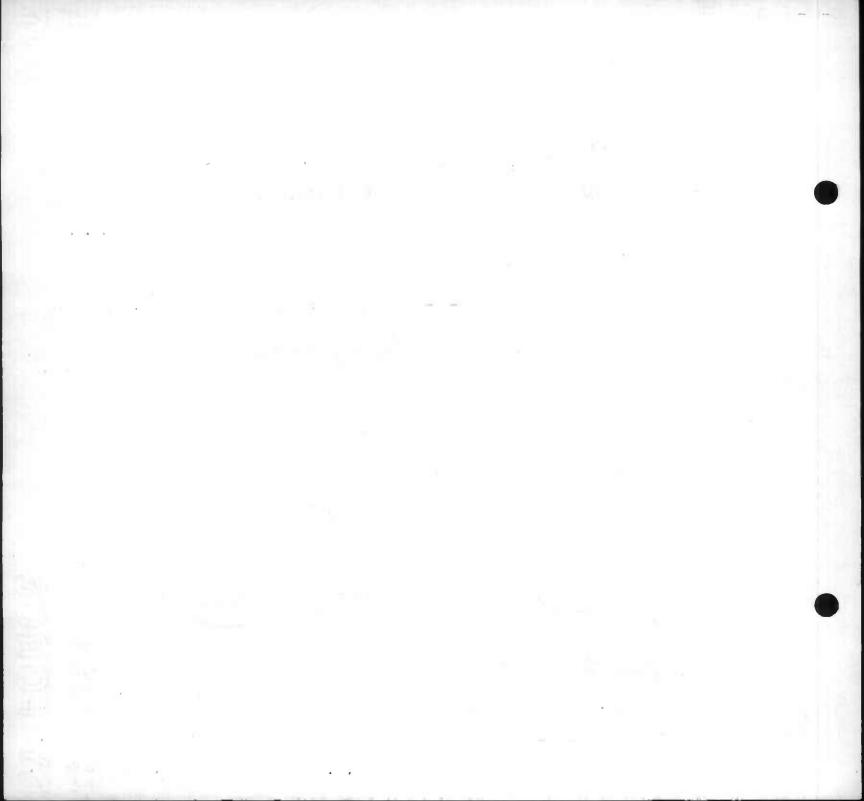
Md.

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2

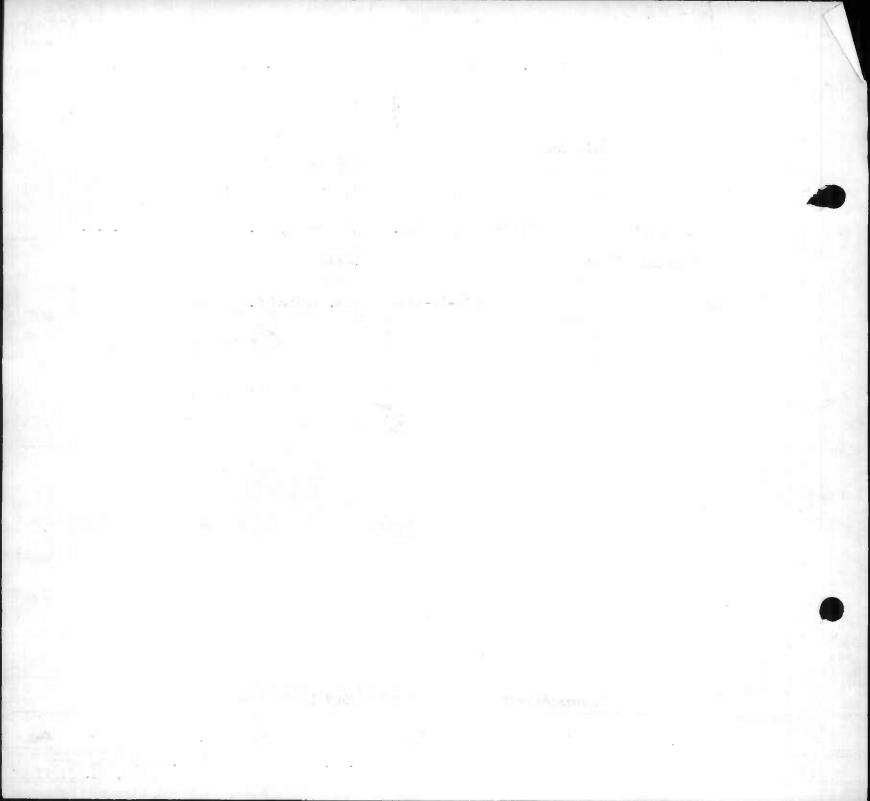
25C. FUNERAL DIRECTOR ADDRESS H.W. Jenkins & Sons Co. 4905 York Rd.

VS 150-REV. 1/1/65

REMOVAL (Specify



0	1-460			HEALTH DEPARTMEN		67 11915	
BIRTH	1 NO. 67	1191	5 CERTIFICA	TE OF DEATH	H Registered No.	O' Troto	
M.E.	CASE NO. ME OF DECEASED		0 021(111.0)		E AND HOUR OF DEATH	4	
(Туре	carl	H. Mil	ler	Dec	c. 9, 1967	11:00 p M.	
3. PI	ACE OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (	Where deceased lived, If OUNTY	institution: residence before admission)	
	JLL NAME OF (If not in hospito) OSPITAL OR oddress or locotion	or institution,	give street	Maryland C. CITY OR TOWN	If a shift of the limit of the shift of the	PUPAL and sing to which	
IN	ISTITUTION		4			RURAL and give town hip)	
	O 5815 Loc	hlea Ro	ad	Baltimore :	(If rural, give location)	01/0	
	0			5815 Lochle			
5. SI	M 6. RACE	WIDOWE	NEVER MARRIED  D. DIVORCED (specify)  AVILLED	8. DATE OF BIRTH 5/25/1906	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
ΙÓΆ.	USUAL OCCUPATION (Give kind of work				foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	during most of working life, even if retired) Engineer		ghouse Elec.	Baltimore,		U.S.A.	
13. F	ATHERS NAME			14. MOTHER'S MAIDEN	NAME		
	Charles Miller			Elsie Youn	9		
5. V	Vos Deceased Ever in U. S. Armed For no or unknown) (If yes, give wor or dote	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No	no or onknown, the year, give wor or one		216-14-3034		d C. Miller	(Same)	
	18.4-20,/1		CAUSE O	F DEATH	A 1	ONSET AND DEATH	
	DISEASE OR CONDITION DIS	RECTLY	C	or mery	alecture	no relien	
	(This does not meon the mode of	dvina, e.a.,	DUE TO			0,004	
	heort foilure, osthenio, etc. Il meons	the diseose,	1/.	91111			
	injury or complication which coused		(B) 147	1 perlicas	Se (V)		
	ANTECEDENT CAUSES		DUE TO	7	100	7	
	DISEASES OR CONDITIONS, if rise to the obove couse (A)		(6) 1686	cerecelo	w Tibull	alin	
	UNDERLYING CONDITION Iost.		(			и и и и и и и и и и и и и и и и и и и	
TION	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELY DISEASE OR CONDITION CAUSING	CONTRIBUTION ATED TO TH	G Cosm	as Sin	afficeen	4	
CERTIFICATION		IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or Mo 208. IF YES, WELL	E FINDINGS CONSIDERED AUSES OF DEATH?	
CER	21A. ACCIDENT WAS UNDERLYING	218	PLACE OF INJURY (e.g., in	n or obout 21C. WHERE D	ID (If in Boltim	ore City, give exact location)	
_	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	hon etc.	ne, lorm, factory, street, o	ffice bldg., INJURY OCCU	R?		
ā	21D. TIME (Month) (Doy) (Year)	(Haur) 21E	INJURY OCCURRED	21F. HOW DIE	NJURY OCCUR?		
2	OF INJURY (APPROX.)	Wh	ile At Not While	e			
			- F	100 1- 5	.65	000 00 000	
	22. I certify that (1) (this hospita				19 C2 to 6	199	
	that (I) (we) lost sow the decease	ed olive on	1000 7-	19or	nd that in (my) (our) o	pinion deoth occurred on the dote	
	ond hour and from the couses sto	ted obove. (	I) (We) (did) (did not) v	view the bady after de	ath.		
23A. SIGNATURE				/	e. <i>u</i>	23B. DATE SIGNED	
M.D. Attending Med. Directo					Staff Phys.	12-11-67	
	23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS			
	Thomas A	Abbott	M.D.	4509 Liber	ty Heights		
24A	BURIAL CREMATION, 248. DATE	24C. N	AME of CEMETERY of CR	EMATORY 24	D. LOCATION	City, town, or county) (Stote)	
F	surial 12/12/1	67 No	w Cathedral		Baltimore,	Maryland"	
	DATE REC'D BY HEALTH DEPT.		OF REGISTRAR				
100	DEC 12 1967 R.		Falleyna	25C. FUNERAL DIRE H. W. Jenki	ins & Sons Co.	4905 York Road Limore Md 21212	
VS	150-REV. 1/1/65						



	7-530 I NO. CASE NO.	11916 CERTIFI	CATE OF DEATH Registered	No. 67 11916
1. N.A	ME OF DECEASED	d F. Hunt	2. Date and Hour of Dec. 9, 1967	1/1,45a
3. PL	ACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased five	d. If institution; residence before admission
H	OSPITAL OR oddress or location	or institution, give street	Maryland C. CITY OR TOWN (If outside city limits,	write PILP Add that give And a high
IN	STITUTION		Baltimore	27-12
	320 Broxt	on Road	D. STREET ADDRESS (If rural, give location	on)
5. SE	X 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year)	s If Under 1 Yr If Under 24 Hr
	F ω	Married (specific	8/13/1890 10st birthdoy)	Manths Days Hours Min.
done	during most of working life, even if retired)		USTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Homemaker	Own Home	New York	u.s.A.
	ATHERS NAME		14. MOTHER'S MAIDEN NAME	
	Benjamin F. Frankli		Elizabeth Gardner	ADDRESS
Yes,	(as Deceased Ever in U. S. Armed For no arunknown) (If yes, give war or date No	16. SOCIAL SECURITY NO. 213-01-6379	-B Charles N. Hunt	(Same)
Ī	8. 11 9 9 11		SE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DI			
	LEADING TO DEATH	(A)(	arterioschertu C-V-3	montes
	(This does not mean the mode of heart failure, asthenia, etc. 11 means	the disease,	0	
	injuly of complication which caused  ANTECEDENT CAUSES		**************************************	
	DISEASES OR CONDITIONS, if		0	
	rise to the above cause (A) UNDERLYING CONDITION last.	stoting the (C)		
7	Electrical II			
ATION	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING	ATED TO THE		
FICA		DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
CERTIFIC			760	
_ (	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	hame, faim, factory, streetc.)	(e.g., in or about 21 C. WHERE DID (If in Be et, affice bldg.,	Oltimore City, give exact tocotion)
U	21 D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?	
3	OF INJURY (APPROX.)		t While Work	
:	22. I certify that (I) (t <del>his hespita</del>			Alcember 9 19196
-	hat (I) (we) last saw the decease	4/// /	19 4 7 and that in (my) (	r) apinion death accurred an the d
	and haur and from the causes sta	ted abave. (I) (We) (did) (did i	nat) view the bady after death.	
2	3A. SIGNATURE	0	Attending - Med - Staff	23B. DATE SIGNED
	Mewland Z	Day M.D.	Phys. Director Phys.	Alexander 11, 196;
ľ	NAME (Type) Newland E.	. Day	23D. ADDRESS M.D. 4 E. 33rd St.	
24A.	BURIAL CREMATION, 248, DATE	24C. NAME of CEMETERY		(City, town, or county) (State
-	REMOVAL (Specify)		T	W. W. J.
-	M Runial 19/12/	67 Now Manual 71-	1704	New York
Re	M Burial 12/13/6  DATE REC'D BY HEALTH DEPT.	New Mount Ida	Troy, 25C. FUNERAL DIRECTOR H. W. Jenkins & Sons (	New York  ADDRESS  Co. 4905 York, Bagd

arteriordontes C-1-D

67 Elementer )

Decree 17 957

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

	H-220 07 110	BALTIMORE CITY	HEALTH DEPARTMENT		67 11917
	BIRTH NO. 67 119:	17 CERTIFICA	TE OF DEATH	Registered Na.	OF LICE!
	1. NAME OF DECEASED			D HOUR OF DEATH	
	(Type or Print) GRACE HUGH	ES	10	DEC 6,	1230 A. M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	TY	ution: residence before admission)
-	FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location)	, give street	MARYLAND	D	
	INSTITUTION		C. CITY OR TOWN (If outs	side city limits, write RUR 	(AL and give lowhship)
	37 11/20	ccy		urol, give location)	700
		1	2709 HUG	OAVE	
s mad		D, NEVER MARRIED  ED, DIVORCED (specify)		ast bighday)	f Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.
-	10A, USUAL OCCUPATION (Give kind of work 10B, KIND (done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY		gn country) 1	2. CITIZEN OF WHAT COUNTRY?
9	, , , , , , , , , , , , , , , , , , , ,		VIRGINIA		
dispositio	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
ISP	Transacounterin		-		
0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
fin			HELEN HU	GHES 270	
0	18.260 X I	CAUSE	DE DEATH		INTERVAL BETWEEN ONSET AND DEATH
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Asc	UD ZARRYTH	4 AIM	yrs t
almed	(This does not meen the made of dying, e.g. heart foilure, osthenia, etc. It means the diseas	DUE TO	IGITALIS TOX	CICITY	uks-
empo	injury ar camplication which coused death.)	7	inlution N.	00. +	NACS
	ANTECEDENT CAUSES	OUE TO	Immon June	200-5	7. 0
are	DISEASES OR CONDITIONS, if any, givin rise to the obove cause (A) stating the	-			
	UNDERLYING CONDITION Iosi.		070707087000000000000000000000000000000	**************************************	
before the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
9	TO THE DEATH BUT NOT RELATED TO 1				
he	19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED
4		19 DI A CE OF INVENTA	CUS.	NO	
efo	OR CONTRIBUTING CAUSE OF	ome, lorm, foctory, street, o	in or obout 2) C. WHERE DID INJURY OCCUR?	III In Bollimore C	ity, give exoct locotion)
	0	E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
ained	₹ (APPROV)	Vhile At Not Whi	le 🗆		
bta	22. I certify that (this haspital) attended	Vork At Work		967 to 10	Dec 1967.
6 0	that (we) last saw the deceased alive an	O had			in death accurred an the date
9	and hour and from the causes stated above.			21 m(m)/ (001/ apima	an account at the actor
must	23 SIGNATURE	0		23	B. DATE SIGNED
	colute K & du	M.D. Att		Stoff Phys.	10 Dec 67
DAG	23C. PHYSICIAN'S NAME (Type)	1	23 D. ADDRESS	11 - 5	0
approval	JALVATOREK.	DONOTHIE	MERCY	140 ST	٥,
	REMOVAL (Specify)	NAME of CEMETERY of CR			town, or county) (Stote)
ten	BURIAL 12/14/67 1	7+ AUBURN	CEM. BA	GLTO., MC	),
written	are and a second of the contract of the contra	OF REGISTRAR	25C. FUNERAL DIRECTOR	null and	ENORTH AVE
>	DEC 12 1967 (2006 E.	(LLOVER, -	14/6 14/4	728	P MAN WIE

a resident

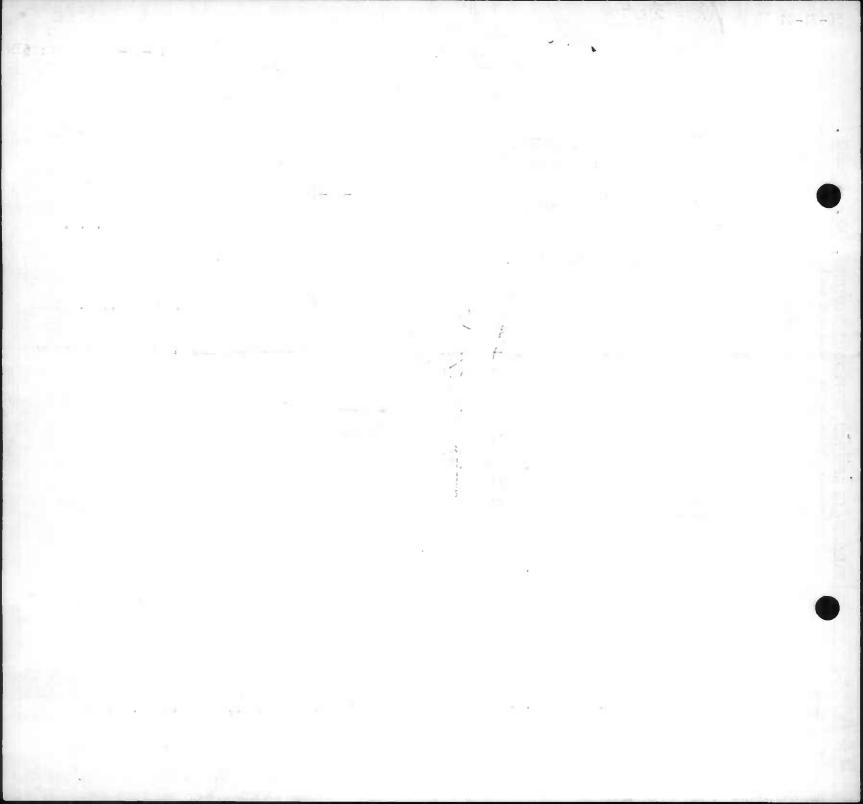
NEG- W. DOWED 5-25-8

ASCUS EMPRESTRANT + HISTORY THANKS TOWN TO THE STATE OF T

200 or 10 536 0 200 b

Solutale ( Sulver MERCY HOSP.

50-7	1-01 LB	4)-36/	ITY HEALTH DEPARTMENT	67 11918
	2002	BIRTH NO.  M.E. CASE NO.  67 11918 CERTIFIC	CATE OF DEATH Registered No.	
	f deat ecease on th h. Suc	1. NAME OF DECEASED BESSIE F? WATE		
	P G G G G G G G G G G G G G G G G G G G	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	10 DECEMBER 114. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence before admission)
	G 0 0 0 5		A. STATE B. COUNTY	
	hos use (5)	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or location)	MARYLAND BALTIMORE C. CITY OR TOWN (If outside city limits, write 8	(URAL and give township)
· N	Se Ca Ca to	INSTITUTION BALTIMORE CITY HOSPITALS	VALLEY FORGE ROAD	53-00
MAS ON	d in cau	3 4940 EASTERN AVENUE	D. STREET ADDRESS (If rural, give location) RANDALISTOWN	
A	de de de	BALTIMORE, MARYLAND 21224  5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	rtrib min ggul	FEMALE NEGRO WIDOWED DIVORCED (specify)	8-21-14 (ost 53)	Months Days Hours Min.
Æ	cor cor eter n re eced	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTAGE done during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country)  MARYLAND	12. CITIZEN OF WHAT COUNTRY?
124	or or de de	HOUSEWIFE 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
台上	if c (4) L we the ispos	SAMUEL DAVIS DEC.	EMMA GROSS DEC.	
EXAMINER	ath di	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, na ar unknown) (If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT BAIT IMORE CITY HOS	PITALSADDRESS
N E	the the kin de de	١٥	RECORDS: 4940 EASTERN AVE.,	BAITO.,MD. 21224
. 0	if if it	18. 9 / 6 (D) CAUS	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
MEDICAL R: IMP	his of of or of or of o	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	8 % In Ol Hickney burns	5 fair
IQ:	A e o E	(This does not mean the mode of dying, heart foilure, osthenio, etc. It means the disease.	) are me species	-
	ner. Ictu		EVAL FAILURE	- Acuso
P O	mir mir fro ho egu	ANTECEDENT CAUSES  ANTECEDENT CAUSES  OR CONDITIONS 14 200 200 200 200 200 200 200 200 200 20	8461	
A.F.	S) A	rise to the obove couse (A) stating the (C)		
ROVAL	cal al e s; (% ian ins	UNDERLYING CONDITION last.		
- L	dical dical urns; ysici was	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	/	
4	me me y by by phy	O THER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TOOMHE DISEASE OR CONDITION CAUSING IT.	Too a series of the series of	
NER OF	hie he he sic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE OPERATION WAS PERFORMED 21B. PLACE OF INJURY (	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? YES
	by by re t phy fore	OR CONTRIBUTING CAUSE OF home form foctory stres	g., in or about 21 C. WHERE DID (If in Boltimore	City, give exact location)
RELEASED FU	y t	J DEATH (notify medical examiner) etc.) Homiz	Vally Froncest	d-Balls. Co
REI	osp stur (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 2-10-67 8.15PM While At Not	While On living poor	I sofa. Subject
	rove y ng xcel and btai	22. 1 certify that (1) (this hospital) attended the deceosed from	- was accordic	
	4 C C C C C C C C C C C C C C C C C C C	that (I) (we) ast sow the deceosed alive on 10 DECEMBE		
	0 0 -	and hour and from the couses stated above. (1) (We) (did) (did no		
	ust be eased ident hospit o deat must	23A. SIGNATURE		23 B. DATE SIGNED
		Sund W. Footi M.D.	Allending Med. Stoff Phys. Phys.	10 DECEMBER, 1967
	was read An at a prior	23C. PHYSICIAM'S NAME (Type)	BALTIMORE CITY HOSPITALS	
	4	DANIEL D. FOOTE M.D.	4940 EASTERN AVE. BALTO.	MD. 21224 ty, town, or county) (State)
	This certificate the body was a shows: (1) An a was D.O.A. at deceased prior written approv	REMOVAL (Specify)		
	This cert the body shows: (i was D.O deceased	BURIAL 12/15/67 St THOMAS CI	METERY RANDALLSTOWN,	MARYLAND
	This the lshow was dece	DEC 12 1967 Robert E. tarbeyour	Committee of the commit	ORTH AVE.
		VS 150-REV. 1/1/65		



FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/65

Myceonico Infanction beknosetache the daws 9 mille

deen

Alvin Thompson

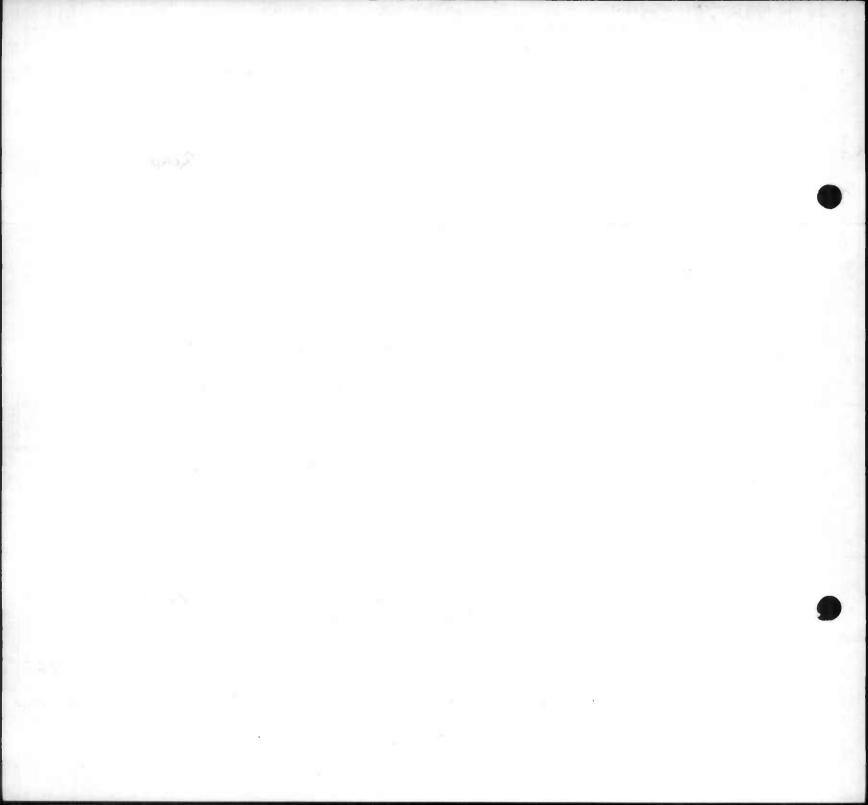
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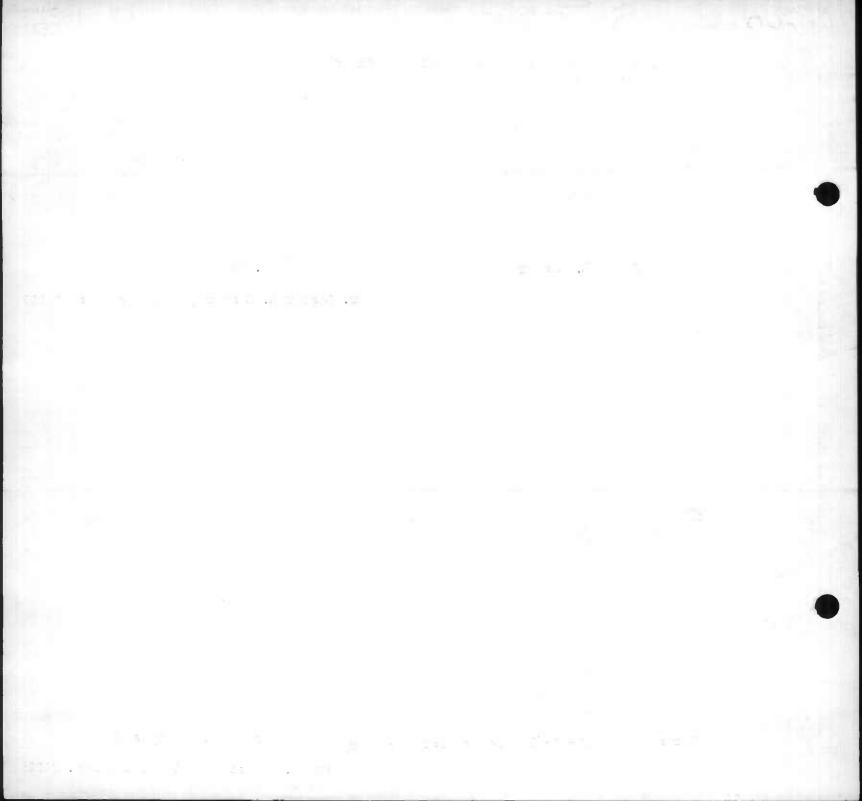
				- 1	
his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	ody burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	he physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such 🔔	the remains are embalmed or final disposition is made.
ved by the chic	hospital by a	nature; (2) Bod	ept where the	d (6) No physic	ained before th
nust be appro	leased to the	cident of any	hospital (exc	o death); and	I must be obto
This certificate n	the body was re	shows: (1) An ac	was D.O.A. at a	deceased prior 1	written approva

FUNERAL DIRECTOR: IMPORTANT

17-620 67 11920 CERTIFICATE OF DEATH Registered No.	67 11920
	a salva.
N.E. CASE NO.  NAME OF DECEASED  2. DATE AND HOUR OF DEATH	
TURFK ROBERT TURFK	3.30A.
PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, If ins	stitution: residence before admissi
FULL NAME OF (If not in hospital or institution, give street)	
HOSPITAL OR oddress or location)  INSTITUTION  Oddress or location)  C. CITY OR TOWN (If outside city limits, write Right)	URAL ond give nownship)
BALTIMORE	21-60
D. STREET ADDRESS (If rural, give location)	
3406 HATTON RD 3406 HATTON ROP	
SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDQWED, DIVORCED (specify) tost birthdoy)	Months Doys Hours Min.
M W MARRIED JANG, 1911 56	
(A) USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	USOL
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	01300
(0.6204)	
SONIA  5. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT	ADDRESS
res, no or unknown) Iff yes, give wor or dotes of service) SECURITY NO.	
NO 577-14-3471 Wye	James
1B. 4 O I I	INTERVAL BETWEEN ONSET AND DEATH
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, ostherio, etc. It means the disease, injury ar complication which coused death.)  ANTECEDENT CAUSES  DUE TO	1 2 45
(This does not mean the mode of dying, e.g., DUE TO	
heart failure, ostherio, etc. It means the disease, injury or complication which coused death,)	
Clorke aveurusmi	7-4-
ANTECEDENT CAUSES (8)	
ANTECEDENT CAUSES  (B) DUE TO  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the (C)	
DISEASES OR CONDITIONS, if any, giving	
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C) UNDERLYING CONDITION lost.	
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C) UNDERLYING CONDITION lost.	24.
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.	291.
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION TOR WHICH OPERATION. 120A AUTORSYSTES OF NO! 20B. IF YES WERE F.	INDINGS CONSIDERED USES OF DEATH?
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? A YES OF NO. 20B. IF YES, WERE FILED AND AUTOPSY? A YES OF NO. 20B. 20B. 20B. 20B. 20B. 20B. 20B. 20B	INDINGS CONSIDERED USES OF DEATH?
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BIRTH NO. 6	7-24575 6	TISEL	CERTIFICA	TE OF DEATH	Registered Na	Of LLOWI
1. NAME OF DI (Type or Print)	Baby Bon	Leasure	Steven	1	HOUR OF DEATH	an
3. PLACE OF D	EATH IN BALTIMORE, M.		1		e deceased lived. Il in	stitution: residence before admission
FULL NAME	OF III not in hospital	l ar institutian, give st	ree!	nayland.		D. OAP
HOSPITAL O	R address or location		reei	U	side city limits, write	RURAL and give fawnship)
1143111011014	hutherau	Hospital .	of Handard	Baltinore		53-00
41			0		ural, give lacation)	
10				2405 Zuon	Rd 21.	227
5. SEX	6. RACE	7. MARRIED, NEVE WIDOWED, DIV			P. AGE (In years ost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Days Haurs Min.
	CUPATION (Give kind at wa of working life, even if retired)		NESS OR INDUSTRY	11. BIRTHPLACE (State or lareig	1	12. CITIZEN OF WHAT COUNTRY?
	-			nanylame		USA
3. FATHER'S N.	AME	<b>.</b>		14. MOTHER'S MAIDEN NAM	A E	
20	oten L. Le	asure		Ethel M.	Deihl	
5. Was Deceas	ed Ever in U. S. Armed Fo	rces?   1 6. St	OCIAL	17. INFORMANT		ADDRESS
fes,na arunkna	wn) (II yes, give war ar da	tes al service) S	ECURITY NO.	Mr. Lester L.	Leasure, 24	05 Zion Road 21227
18.	3.01		CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION D			<b>5</b>	1 1	
/This done	LEADING TO DEATH		(A)	Kespualon	Dishers S	judiane 24 hrs
	nol mean the mode o e, asthenia, etc. Il mean		DUE 10	1 0		•
injury or c	omplication which cause	d death.)	900			
	ANTECEDENT CAUSE	\$	DUE TO		***************************************	
	OR CONDITIONS, if					
	the above couse (A) NG CONDITION last.	siding ine	(C)			
TO THE	NIFICANT CONDITIONS DEATH BUT NOT REL	ATED TO THE				
		NDITION FOR WHICH	OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED
	WAS PE	RFORMED			IN CERTIFYING CA	USES OF DEATH?
OR CONTRI	BUTING CAUSE OF	21B. PLAC hame, larr	E OF INJURY (e.g., in, lactory, street, c	in ar about 21 C. WHERE DID INJURY OCCUR?	(If in Baltimare	e City, give exact lacation)
21 D. TIME	(Month) (Day) (Year	(Haur) 21E INJU	RY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY		While At				
		Wark	At Work			- / /
	fy that (1) (this hospita		. 1	12/10/67		2/11/67 19
that (I) (w	e) lost sow the deceos	ed olive on	2/11/67		ot in(my) (our) opi	nian deoth occurred on the dot
and hour o	and from the causes ste	oted obove. (I) (We	) (did) (did not)	view the body ofter deoth.		
23A. SIGNA		la 1.				23B. DATE SIGNED
	Syno	ble.	M.D. An	ending Med. Director	Stoff Phys.	12-11-67
23C.PHYSIC NAME		NOBLE	M.D.			130 ashburton ST-
	REMATION, 248. DATE	24C. NAME o	CEMETERY OF CR	EMATORY 24D. LC	CATION (C)	ty, town, or county) (State)
REMOVAL		(7)		Ro	ltimore, Ma	ryland
Buria	1 12-12	-6 / Loudo	n Park Cem	etery Ba 25C. FUNERAL DIRECTOR	TEIMOLE, Ma	ADDRESS
	EC 13 1967 (	Tolub E.	talky "A	Howard H. Hub	bard, 4107	Wilkens Ave. 21229
/S 150-REV 1/	1/65					

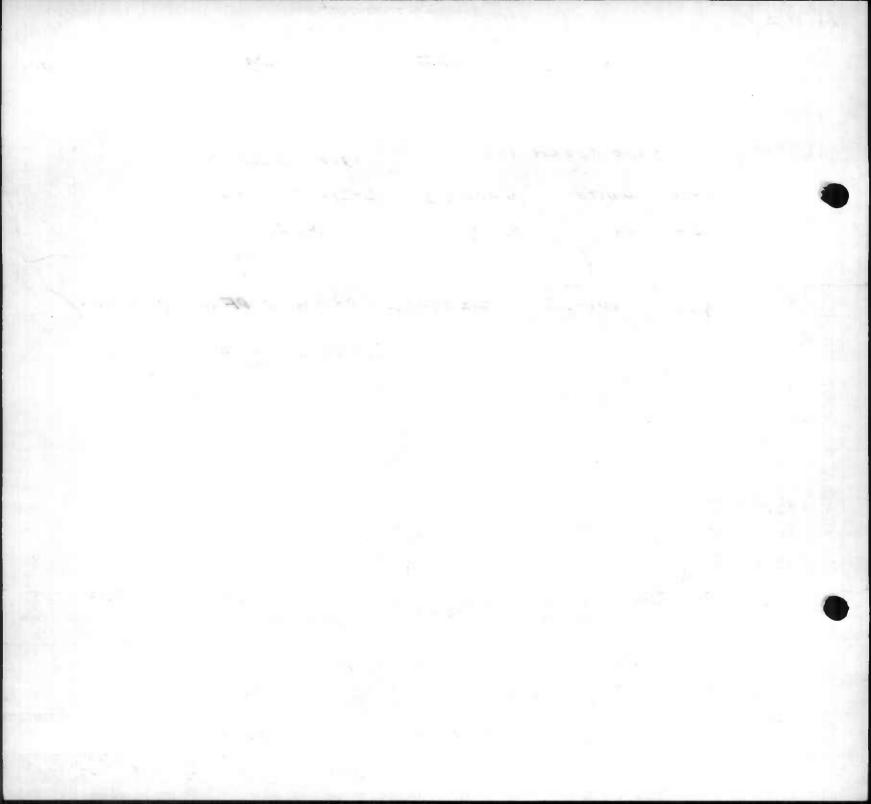


THE RESIDENCE OF THE PROPERTY 
AIR 5 VILL AT HO MANUEL TIME AND EN-

THE SECURISE SERVICES FROM THE PROPERTY OF

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BIRT	H NO.	67	119	23 CERTIFICA	TE OF DI	EATH	Registered Na.	67	11923
1. N	AME OF DEC	FOITN A	I. Hai	LZAPHEL		2. DATE A	AND HOUR OF DEATH	1	15 0.11
		ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIL		ere deceased lived. If in	nstitution: residenc	e before odmission)
l i	OSPITAL OR	F (If not in hospital oddress or location		give street	C. CITY OR TO		outside city limits, write	RURAL ond give	township)
(	003	300 BEEC	H AU	e,	D. STREET ADD		f rurot, give location) ECHAVE	-	
5. \$		6. RACE	WIDOWE	NEVER MARRIED  D, DIVORCED (specify)	2-2/-/		9. AGE (In years lost birthday)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
		working life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY		(State or for		12. CITIZEN O	F UNTRY?
13.	FATHER'S NAA	7			14. MOTHER'S	MAIDEN NA	AME ?		
15. (Ye:	Was Deceased s, no or unknown	Ever in U. S. Armed For	s of service	16. SOCIAL SECURITY NO. 212-07-4266	17. INFORMANT		APFIEL	(SAM	
	(This does n	I SE OR CONDITION DII LEADING TO DEATH not mean the mode of osthenio, etc. It means	dying, e.g.	CAUSE O	F DEATH		2 lung	INTER	VAL BETWEEN T AND DEATH
ATION	DISEASES OF THE CONTROL OF THE CONTR	ANTECEDENT CAUSES  OR CONDITIONS, if e obove cause (A) G CONDITION last.  II IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING	ONTRIBUTING TED TO T	e (C)					
ERTIFIC	0	OPERATION 198. CON WAS PER	FORMED		20A. AUTOPS		IN CERTIFYING CA	LUSES OF DEATH	1?
CAL CI	OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medical examiner)	21 ho etc	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o c.)	n or obout 21 C. W ffice bldg., INJUR	HERE DID	(If in Boltimo	re City, give exoc	t locotion)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	w	E. INJURY OCCURRED  (hile At Not While ork At Work	21 F. H	OW DID IN	NJURY OCCUR?		- 19
	that (I) (we)	last saw the decease	d alive an	the deceased from	19 6	7ond			
	23A. SIGNATU Z3C. PHYSICIA NAME (T	pulen toff	man	M.D. Att	ending A. A. C. 23D. ADDRESS	Aed. Director	Stoff Phys.		11-67
24/	BURIAL CRE REMOVAL ()			NAME OF CEMETERY OF CR	- 1	1	DS4, BA LOCATION (C BALTO, N	112,	
L	DATE REC'D			OF REGISTRAR	25C. FUNER	al directo	rowe to 3rd	school	DDRESS EARL



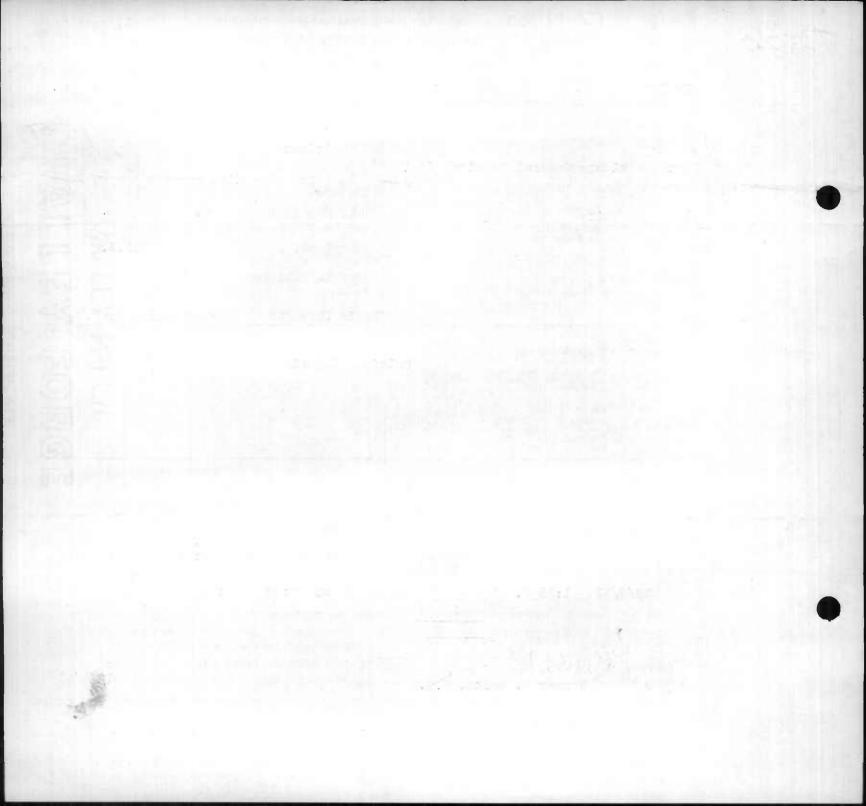
T	-	2	-(
1	071	0	); and (6) No physician was in regular attendance on the deceased prior to death. Such
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the N	deceased prior to death)
		n >	0

	07 44004	BALTIMORE CITY H	HEALTH DEPARTMENT		02 11001
BIRT	H NO. 67 11924	CERTIFICAT	E OF DEATH	Registered Na	67 11924
	CASE NO.				
	Thomas Willi	am o	2. DATE AN / 2/	16 167	12:25 PM
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	deceased lived. If instit	lution: residence before admission
Н	ULL NAME OF (If not in hospital or institution, give oddress or location)  4511TUTION		C. CITY OR TOWN (If out	side city limits, write RUI	RAL ond give Journship)
4	Ru / / /	111 41	Balt'me	urol, give location)	9-00
1	Maryland General		1134 5	3674 51	
5. SI		IVORCED (specify)	10/11/78	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Annths: Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work 10B, KIND OF BU during most of working life, even if retired)	SINESS OR INDUSTRY	1. BIRTHPLACE (State or foreign	901	12. CITIZEN OF WHAT COUNTRY?
-12d	CERPOTINED FOOL		10a /Timo	re, Md	U5A
	Henry Thomas	1	sut Lang		
15. V (Yes,		SOCIAL SECURITY NO.	Nejhew	MAS	ADDRESS
	NO : 2			35266	
	DISEASE OR CONDITION DIRECTLY	CAUSE OF		***	ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) A	levioscleratic ingestive i intestinal	Heart Ur	YV5
	heori foilure, osihenia, etc. It means the diseose, injury or complication which caused death.)	(0	ugestive 1	HEAVY Failur	
	ANTECEDENT CAUSES	(B) / J	utestinal "	obstruction	ZWKS
	DISEASES OR CONDITIONS, if any, giving rise Ia the above couse (A) slating the UNDERLYING CONDITION last.	(C)		***************************************	
NOIT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Magazi			
RTIFICA	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED	CH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN	
C	21A. ACCIDENT WAS UNDERLYING 218 PLA	ACE OF INJURY (e.g., in	or obout 21 C. WHERE DID		ity, give exact facation)
CAL	OR CONTRIBUTING CAUSE OF home, for etc.)	form, foctory, street, office	e bldg., INJURY OCCUR?		
S	21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN. OF INJURY (APPROX.) While /	At Work	21F. HOW DID INJU	JRY OCCUR?	
:	22. I certify that (I)(this haspital) attended the c	deceased fram	12/4	967 10/2/1	1967
	that (I) (we) last saw the deceased alive an	12/10		ot in(my) (our) apinio	on death accurred an the dat
1 1	and haur and fram the causes stated abave. (1) (V	(e) (did) (did nat) vie	w the bady after death.	12:	38. DATE SIGNED
	B. ann We	M.D. Attend	Med. Director	Stoff Phys.	110K2
	23C. PHYSICIAM'S NAME (Type)	M.D.	D. ADDRESS		
24A.	BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY OF CREM	AATORY 24D. LC	CATION (City,	town, or county) (State)
13	URIAL 12/13/67 /mm		METERY PSA	LTIMORE	mp
25A.	DATE REC'D BY HEALTH DEPT. 25B, NAME OF R	2 Taller	25C. FUNERAL DIRECTOR	0	1 4210 BELAIN
VS 1	50-REV. 1/1/65	4 444	warran /	moral /	TOWN C

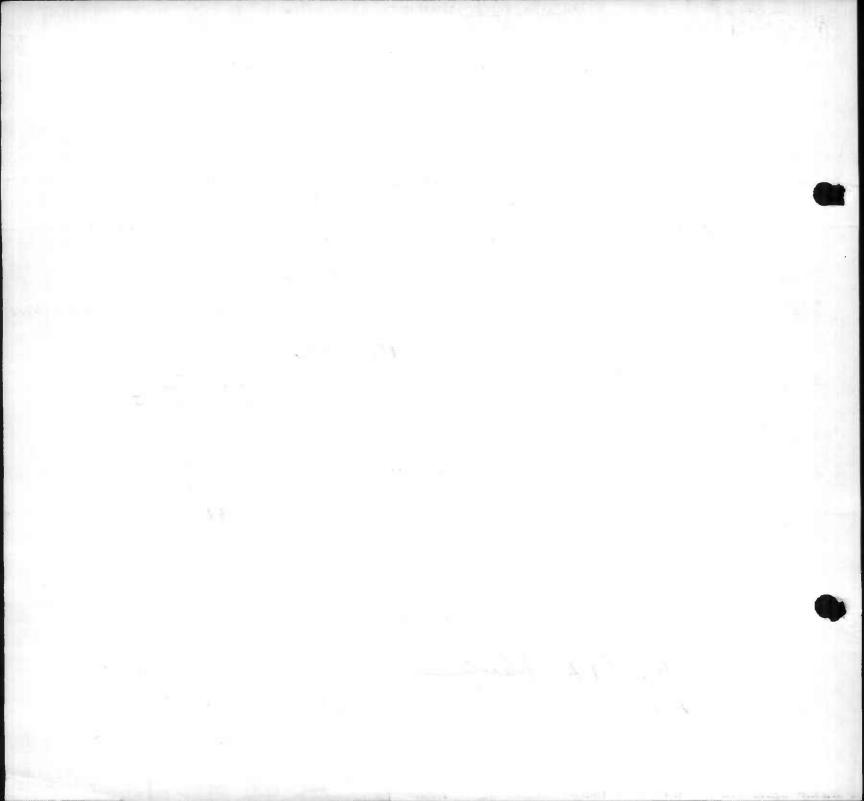


MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11925

M.1	E CASE NO.								
1. I (Ty)	NAME OF DEC	_					HOUR PRONOUNCE		200
	WILLIAM			THOMAS			ber 9, 1967		2:20 A. M.
FUI	LL NAME OF	(IF NOT IN HOSPITAD ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	A. STATE Mary1	and /N (If outside more	eceased lived, If instit B. COUI  carparate limits, write	NTY	
0	South I	Baltimore Gen	erar nos	pital (DOA)	1401 B	roening	Highway		
5. S		6. RACE	WIDOWED, D	NEVER MARRIED NORCED (specify)	B. DATE OF BIRTH		9. AGE (In years last birthdoy)		Hours Min.
	Male	White	Sing!	E BUSINESS OR INDUSTRY				12. CITIZEN O	F
dan		warking life, even if retired)	Food		Marylan	d.		U.S.A.	DUNTRY?
	Regis	Thomas			Myrtle	Robinson	1		
	WAS DECEASE	ED EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT			ADDRESS	
Yes		(If yes, give wor or date	s of service)	SECURITY NO.	Dogie Pho	wo avy	1401 Broen	ning Ugs	
-	No	-05//		CALLSE	Regis Tho	masa <b>n</b>	1401 proei		ERVAL BETWEEN
NO	heart foilure injury ar co DISEASES RISE TO TH UNDERLY!	nat mean the made of asthenia, etc. It means mplication which caused ANTECEDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S NG CONDITION LAST.	the disease, death.)  S NY, GIVING	(8) DUE TO	tiple Inju				
15		II							
CERTIFICATION	OTHER SIG TO THE DISEASE O	NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO TH						.04 = = = = = 0 0 0 0 0 0 0 0 0 0 0 0 0 0
CERT	19A. DATE O	F OPERATION 198, CON WAS PER		VHICH OPERATION	NO		OB. IF YES, WERE FIN N CERTIFYING CAUS		
MEDICAL	UTING LCAL	L CAUSE WAS DOR CONTRIB- USE OF DEATH.	home, etc.)	PLACE OF INJURY (e.g., form, factory, street, c	in or about 21C. W office bldg., INJURY Hawk	occur? ins Poi	nt east of		049 200
	OF INJURY (APPROX.)	(Manth) (Day) (Yea 12/9/67 1:2		HILE AT NOT AT W	MI III 5	struck	a telephon		t of contro
	22.	tify that I held an	nquiry 🗌	Inspection X Aut	rapsy and	I that on this	basis, death in m	y opinian	
	resu	lted from: Natural ca	uses A	ccident X Suicid			ndetermined manne	er 🔛	
	ACTUA SIGNAT		, he	30 M.D.		EDICAL EXA			ATE SIGNED
	EXAMIN NAME (	NER'S Werne	r U. Spi	itz, M.B.	ASSOCIATE M	EDICAL EX	AMINER _	1:	2/9/67
	MOVAL (Specif		230	C. NAME of CEMETERY O	CREMATORY	23 D. LO	CATION (City,	town, or county	y) (Stote)
	Burial	12/12/	67	Oak Lawn Ceme	etery		Baltimore Co	o., Md.	
24/	A. DATE REC'D			OF REGISTRAR		AL DIRECTOR		ADDR	ESS
145	151 0514 243	FT 3 1961 (	Control	e pulling to	Ulric	h Funera	al Home Dunc	dalk, Md	
V 5	151-REV. 1/1/	N89A	12			41 8			1



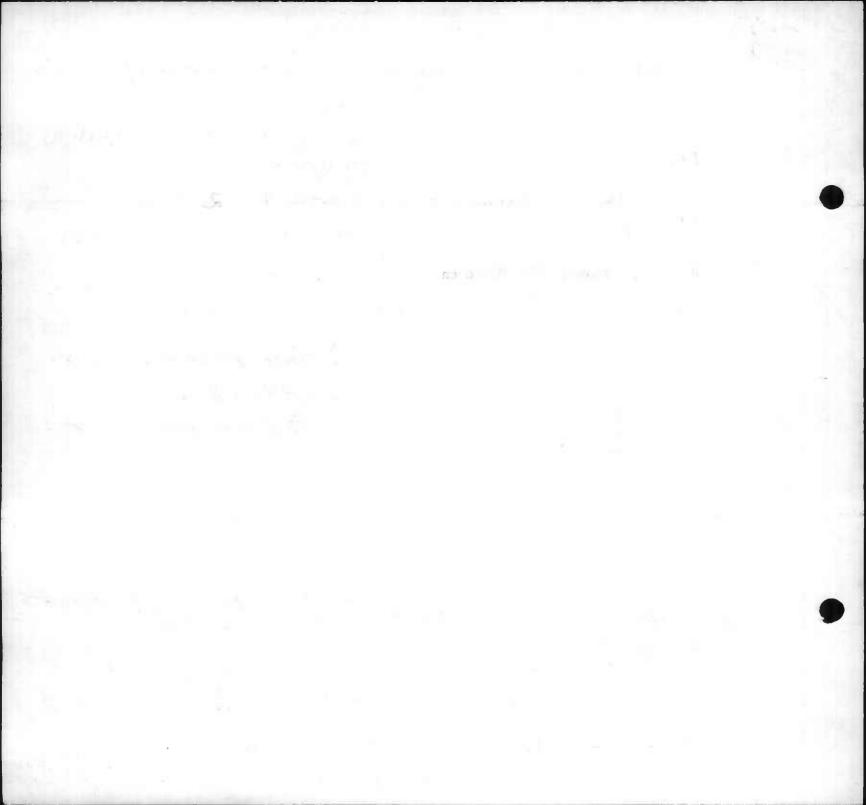
BALTIMORE CITY	HEALTH DEPARTMENT \ 67 11926
BIRTH NO. M.E. CASE NO.  67 11926 CERTIFICA	TE OF DEATH Registered No.
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) JOHN HACKINH	N 1219/67 11:25 A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY ON TOWN (If outside city limits, write RURAL and give township)
INSTITUTION	I PO week.
0	D. STREET ADDRESS (If rural, give location)
South Baltimore General Hospital	77 Willow Spring Road #22
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9 AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
MARE WHITE MARRIED  10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	71,519, 76
done during most of working lile, even if retired)	WHAT COUNTRY?
ELECTRICIBN STEEL	Pennsylvania USA
13. FATHERS NAME	14. MOTHERS MAIDEN NAME
AUGUSTUS HACKMINN	ANNIE BROWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
YES WW1 213-07-3477	MRS IVY IT ACICMIN - 77 WILLOW SPRING
18. 4 CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	T C II D
LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  DUFTO	CVD
heal foilure, asthenia, etc. It means the disease,	1.001
injuly of complication which coused death.)  ANTECEDENT CAUSES  (B)	orandiel Infanti-
DUE TO *	ou a
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the (C)	
UNDERLYING CONDITION fost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING POSSIBLE	Carcinomia of
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Caranon of
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CLAUSES OF DEATH?
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes IN CIRCUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
DEATH (notify medical examiner) etc.)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
▼ OF INJURY     (APPROX.)     While At  Not Whi     Work At Work	
22. I certify that (1) (this hospital) attended the deceased from	217/67 19 10 219/67 19.
that (4) (we) last saw the deceased alive an 1219167	19
and haur and fram the couses stated above. (1) (We) (did) (dld nat)	
23A SIGNATURE	23 B. DATE SIGNED
Da MI Kanto M.D. Att	ending Med. Director Phys. 1219167
23C. PHYSICIAN'S	23D. ADDRESS
M.D.	1213 hight Street Bulto, old.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, lown, or county) (State)
	PIAL BEZBIR MD
BURIN 12/12/67 BELDIR MEMOR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	1911 1350 MD  250. FUNERAL DIRECTOR ADDRESS
DEC 13 1967 Robert E. Farberna	ULLRICH FUNETAL HOME - DUNDHUK ME
VS 150-REV. 1/1/65	W W - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



67 11927 BALTIMORE CITY HEALTH DEPARTMENT	Charles
BIRTH NO.  CERTIFICATE OF DEATH  Registered No.  1. NAME OF DECEASED  (Type of Print)  2. DATE AND HOUR OF DEATH	21
1. NAME OF DECEASED  (Type or Print)  MRS: ANNIE C: MANGELS  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  A. USUAL RESIDENCE (Where deceased lived, If institution; residence before a state of the country	Pi
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceoded lived. If institution: residence before a. STATE B. COUNTY	odmi s si
FULL NAME OF HOSPITAL OR INSTITUTION  (If not in hospital or institution, give street oddress or locofion)  C. CITY OR TOWN  (If outside city limits, write RURAL and give township)	0_
MARYLAND GENERAL HOSPITAL Baltimore D. STREET ADDRESS (If rurol, give locotion)	)
48 1509 CAVEL RD, #37	
FEMALE WHITE WIDOWED (specify) 10-18-86   lost birthdoy) Months Doys Hours	er 24 H Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	de .
HOUSEWIFE AT HOME BALTIMORE, MD. U.S.A.	7.
MI Mary Com	
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT ADDRESS	
(Yes, no or unknown) (If yes, give wor or dotes of service)  NO  SECURITY NO.  215-05-535 ALICE E, SMITH  SAME	3
18. CAUSE OF DEATH INTERVAL BETW	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  DUE TO  DUE TO	es
	/
heard failure, asthenia, etc. II means the disease, injury or complication which caused death.)  ASC VA	
ANTECEDENT CAUSES  (B)  DUE TO	
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)	
UNDERLYING CONDITION Iosi,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, form, foctory, street, office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  (Appera)  While At   Not While	
Work At Work	
22. I certify that (I) (this hospital) attended the deceased from 12/10 12 <sup>20</sup> AM 19 67 to 12/10 15 that (I) (we) last saw the deceased alive an 12/10 19 67 and that in(my) (aur) opinion death occurred on	9.67
and hour and from the couses stoted obave. (1) (We) (did) (did nat) view the body ofter death.	i the d
23A. SIGNATURE	6.
Fritofre for Story 22 Story Attending Med. Director Phys. 12-10	01
23C. PHYSICIANS FBIORNSSONM.D. 23D. ADDRESS Hary Curd General Hasps	ita
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)	(Stote
BURIAL 12-13-67 OAK LAWN CEM. 7225 EASTERN BLVD. BALTO.C	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 901 S. CONKLADDRESS Charles S. Deiler BALTO, 21.224	T.
THE RESERVE OF THE PROPERTY OF	MI

17 2 3 1 TV 13 23 81 21 AT HOME PARTIMIZED FOR MARY SCHULTE M. CHOLAS PIRARIE

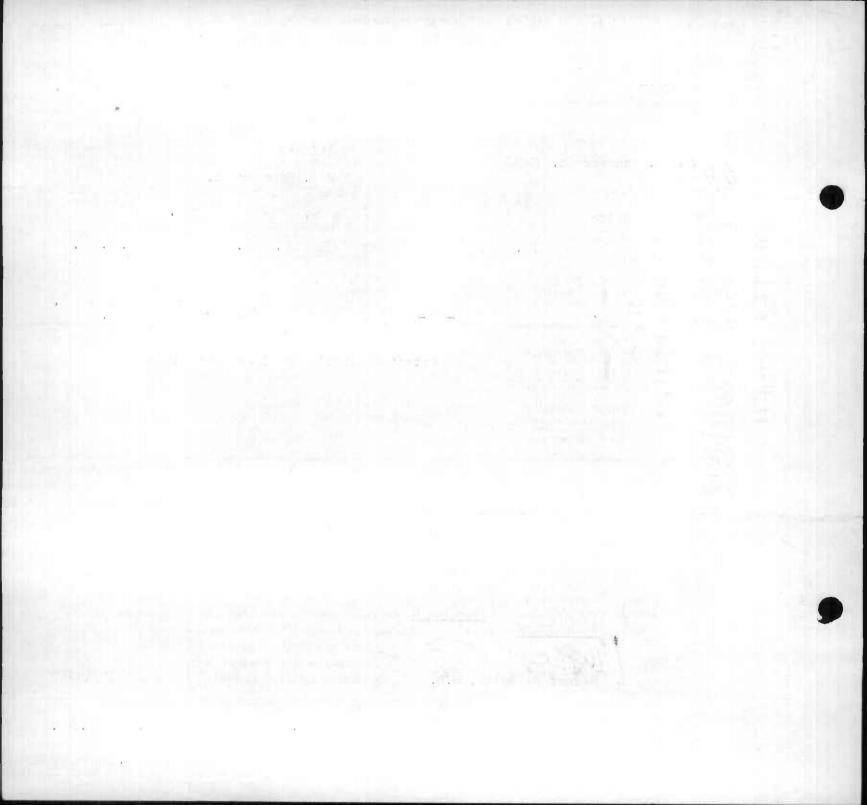
			HEALTH DEPARTMENT		CF 44000	
	н но. 67 11	928 CERTIFICA	TE OF DEATH	Registered No	67 11928	
1 N	. CASE NO. AME OF DECEASED		2. DATE AN	D HOUR OF DEATH		
(Typ	e ai Print) Sotheron - IT	liss hellie	Does	ember 9-	1017 1:450.	
3. F	LACE OF DEATH IN BALTIMORE, MARYLAND	NJS MEMIE	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If inst		
	ULL NAME OF (If not in haspital or institu	tian, give street	Keswie	ok	12 00	
	IOSPITAL OR address or location) VSTITUTION		C. CITY OR TOWN (If autside city limits, write RURAL and give township)			
	911		Baltimor		71211	
	1/ Keswick			ural, give location)		
5. S	EX 6. RACE 7. MAR	RRIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years 83)	If Under 1 Yr., If Under 24 His.	
	F W The	owed, divorced (specify)	1-20-1884	82 415	Months Days Hours Min.	
	USUAL OCCUPATION (Give kind al wark 10B, KIN during most al warking lile, even il retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country	12. CITIZEN OF WHAT COUNTRY?	
zani	doring most of working me, even it remeal		Maryla	1	U.S. C.	
13.	FATHER'S NAME		14. MOTHERS MAIDEN NAM	AE .	MI XICI.	
	Taken mbana	C 41	7	11/		
15.1	John Thomas Con Nas Deceased Ever in U. Armed Foices?	Sotheren 17	17 INFORMANT	Kawk	ADDRESS	
(Yes	na arunknawn) (II yes, give war ar dates al sein	SECURITY NO.	17. INFORMANT		ADDKE22	
	ho	220-30-3894		5ibson-1	7. h.	
	18. 4 2 2 1	CAUSE OF	FDEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		11: +.		10	
	(This does not mean the made of dying,	(A)	TAPCIALLON	precemen	ue pays	
	heart failure, asthenia, etc. It means the dis-		1	/	. /	
	injury ar camplication which caused death.)	(8)	WARRE ASC	EVN =		
	ANTECEDENT CAUSES	DUE TO	~ /	·····	. /	
	DISEASES OR CONDITIONS, if any, g rise to the above cause (A) stating		Perk	nismism	Years	
	UNDERLYING CONDITION last.	10/			(	
	11					
ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO					
ATIO	DISEASE OR CONDITION CAUSING IT.					
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes ar Na)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?	
CE	21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or about 21C. WHERE DID	(11 in Baltimare	City, give exact location)	
A.	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	hame, larm, lactary, street, aftes.)	fice bldg., INJURY OCCUR?			
EDIC	21D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
ME	OF INJURY (APPROX.)	While At Not While				
ĸ	(ATTROX)	Wark At Wark				
	22. I certify that (I) (this hospital) often			9 6.1.10	12-8 1962	
	that (I) (we) lost saw the deceased alive	on 12-9	19 and tho	t in (my) (our) apini	ion deoth accurred an the date	
	and hour and from the causes stated above	ve. (1) (We) (did) (did not) v	iew the body after death.			
	23A. SIGNATURE PL	1			23B, DATE SIGNED	
	U V Cours	M.D. Atte	nding Med. Director	Stall Phy s.	12-11-67	
	23C.PHYSICIAN'S P 1-		23D. ADDRESS	.,,,,		
	NAME (Type)	SUNDRY M.D.	2 W linere	recte Ptu	v - 2/2/8	
24A	BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D 10	CATION (City	town, or county) (State)	
	REMOVAL (Specify)				, id wit, dr caunity; (310fe)	
25.4	Burial 12/12/67	Loudon Park Cem		timore, Md.		
ZDA	DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1 . 0	Bulto. Yus	
	DEC 13 196/ 12.0.	BE stalkered	Wmf /w	muchs	no with LPO	
V\$	50-REV. 1/1/65					



BIRTH NO.

## 67 11929 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11929

A.E. CASE NO.							
NAME OF DEC	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD
WILL	IAM I	delvin	HOPKINS		Dece	mber 10, 19	9:50 A.
		LAND, WHERE PRONOI		4. USUAL RESID A. STATE Mary1	ENCE (Where		itution: residence before admis:
ULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT I	N HOSPITAL OR INSTITU OR LOCATION)	JTION, GIVE STREET			e corporote limits, write	RURAL and give township)
506 S.	Hanove	r St. (DOA)		Balti D. STREET ADD		give location)	200
U				506 5	. Hanov	er St.	
. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 Months, Doys, Hours, M
Male	White	wide	DIVORCED (specify) DW ed. F BUSINESS OR INDUSTRY	June 5		6lyrs.	12. CITIZEN OF
one during most of		if retired)					WHAT COUNTRY?
Maintan		St. Ma	ary's Semina		lto. N		U.S. A.
3. FATHER'S NAA				14. MOTHER'S M	AIDEN NAM		
	orge H			Ada?			
		S. ARMED FORCES? war or dotes of service)	16. SO CIAL SECURITY NO,	17. INFORMANT		Wh	itemarsh Md.
no	no	ne	217-07-046	Jeanet	te Dri		
1B	1011	230		OF DEATH		3	INTERVAL BETWE
DISEASES RISE TO TH UNDERLYII	IE ABOVE CAI NG CONDITION	ONS, IF ANY, GIVING					
DISEASE	R CONDITION	CAUSING IT.	******************				
19A. DATE OF	PERATION	198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	NO	? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
UNDERLYING	OR CONTRIB	home	PLACE OF INJURY (e.g., e, form, factory, street, c	in or obout 21C. V office bldg., INJURY	VHERE DID	III in Boltimore City, gi	ve exact location)
21 D TIME OF INJURY (APPROX.)	(Month) (D	,	WHILE AT NOT AT W	WHILE	JUNI DID WO	JRY OCCUR?	
22.							
resul	resulted from: Natural causes Accident Suicide Hamicide Undetermined manner						
ACTUA	- /110	buch h	9-	ACCICTANT N	EDICAL EX		DATE SIGNE
SIGNAT	IER'S W	erner U. Spi	M.D.	ASSOCIATE M			12/10/67
NAME (		B. DATE 23	C. NAME of CEMETERY O	CREMATORY	23 D. I	OCATION (City,	, town, or county) (State)
Burial	y)		.)	Faith Ce			Rd.Balto.Md.
4A. DATE REC'D			OF REGISTRAR		AL DIRECTOR		ADDRESS
	DEC 13	1967 Robert	E. Falley 4.	KRAUSE	FUNEF	RAL HOME 1	216S.Charles



	2	FUNERAL D	IRECTOR:	FUNERAL DIRECTOR: IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death	approved by t	he chief medic	Il examine	or his assistant if d	death
the body was released to the hospital by a medical examiner. Also, if the direct or c	to the hospita	I by a medical	examiner	Also, if the direct	OF C
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undet	f any nature;	(2) Body burns;	(3) A fractu	ire of any kind; (4) U	Jndet
was D.O.A. at a hospital (except where the physician who pronounced death was in	Il (except whe	ere the physici	an who pre	snounced death wa	ıs in
deceased prior to death); and (6) No physician was in regular attendance on the dec	oN (9) pup : (L	physician was	in regular	attendance on the	dec
Written grandown many by the alabatical harbane at a many and harbane at a first distance in a	Lo obtained he	farm all a manner	to and one by	Imad or final disnot	

12	~55-b	67 11070 BALTIMORE CITY HEALTH DEPARTMENT	15/ 14000
	hospital and tuse of death (; (5) Deceased dance on the death. Such	CENTIFICATE OF DEATH	67 11930
	at se th	M.E. CASE NO.  1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH	
	- p o c	(Type or Print) 5. MOE KAMINSKY DEC 10, 1967  3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution in the control of the contr	7:15 PM
	ng cause of d cause; (5) Dece attendance on ior to death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, if instituting a state of the control of t	on: residence before admission!
	S) I		
	d da (	FULL NAME OF (II not in hospital or institution, give street HOSPITAL OR INSTITUTION (If outside city limits, write RURAL INSTITUTION)	L ond give township)
	cause cause use; (5) endan to de		21-60
	l in a ng cause; attend	OBILY BENHURST ROAD BACTIMORE D. STREET ADDRESS (II rurol, give locotion)	
	T3 - 1	GILY BENHURST RD	
	contributing contributing etermined cau n regular att eeased prior on is made.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If the wide of the second	Under 1 Yr. If Under 24 Hrs.
	ntrib rmin egul ased	TO A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12.	
	o o o o o o o o o o o o o o o o o o o	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12.	CITIZEN OF WHAT COUNTRY?
	9 - 5 - 5 -	TA 0.01	USa
	7 7 7 7 7	13. FATHER'S NAME	
<b>—</b>	2 5	Louis	
Z	di p t di p	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
T	ssistant the di kind; death nce on final di	(Yes, no or unknown) (If yes, give wor or doles of service)  SECURITY NO.  215-30-8562 WIFE	<
IMPORTAN	- F = F	NO 215-30-8662 WIFE  [18. ] CAUSE OF DEATH	SAME INTERVAL BETWEEN
P	o de ar	DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
Z	Also, e of on oun atter	LEADING TO DEATH	1 days
	er. Also cture of pronoun lar atte	(This does not mean the made at dying, e.g., DUE TO heart failure, asthenia, etc. 11 means the disease,	
OR	ner retu pro lar	injuly at camplication which caused death.)	9 minths
5	xaminer. Xam	(A)  (This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  (B)  (B)  (B)  (B)  (B)  (B)  (B)  (C)  (C	("((")"
C	A fr Who reg	DISEASES OR CONDITIONS, il any, giving	
DIRE	_ occ = s	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	**************************************
	medical medical burns; ( physiciar an was i		
7	medical edical burns; hysicic n was remair	Z cruss securious constitution	
2	m me y bu	A DISEASE OR CONDITION CAUSING IT.	
UNERA	chief y a m Body the p tysicia	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING CAUSES  19A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City.)	OF DEATH?
)		U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, or contributing CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	. give exact location)
(1000)	== = = = =	of DEATH (notify medical angular)	
	T T = > _ D	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While	
	hospita nature; cept who d (6) No ained b		
	he hos ny natu except and (6)	22. I certify that (I) (this hospital) attended the deceased from \$ /6 19 76 to 7	1/0 19 6
	F = 0 10	that (i) (we) lost sow the deceased alive on 12/13 1967 and that in (my) (our) opinion	
	sed to ent of spital leath)		deoth occurred on the dote
	dent dent ospir deat must	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE	DATE SIGNED
	must be eleased t ccident o hospita to death al must b		12/11/17
	E O O D + D	Phys. Director Phys.	10/11/10
	was r was r A. at a prior	23C. PHYSICIAMS NAME (Type)  M.D. 4.000 W. N. Ph.	Yarkwy
			wn, or county) (State)
	This certif the body shows: (1) was D.O. deceased written a	REMOVAL (Specify) BURIAL 12/12/67 CHIZIAL AMINO BOLL	
	This cer the bod shows: was D.( decease	BURIAL 12/12/67 CHIZNK ANNO BALTO 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	Ganddress Gandress
	This the bashow was dece	BURIAL 12/12/67 CHIZNK AMUNO BALTO  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR  DEC 13 1967 Robert & Fallent Sylvan S. Levin & Son, INC.	manion
		VS 150-REV. 1/1/6S	



VS 150-REV. 1/1/65

Such

6'	7 11931 BALTIMORE CIT	Y HEALTH DEPARTMENT	67	11931	
BIKITI NO.	CERTIFICA	ATE OF DEATH	Registered No.	TIOOT	
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH		
(Type or Print) Willi	am Theodore Bowen	Dec.	9,1967	4.00 F	
3. PLACE OF DEATH IN BALTIMORE, M	ARYLAND	A. STATE B. COUNT	deceased lived, If institution: re	esidence before admissio	
HOSPITAL OR oddress or locati	l or institution, give street	Maryland	ide city limits, write RURAL one	d aire de methie)	
5306 Wend	ley Road	Baltimor		28-04	
00	00 mendrey neda		D. STREET ADDRESS (If rurol, give locotion) 5306 Wendley Road		
5. sex 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single	B. DATE OF BIRTH Dec. 12, 1902	AGE (In years ost birthday)  Annual Months	Doys Hours Min.	
tOA. USUAL OCCUPATION (Give kind of wo	ork 108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreig	n country) 12. CITI	ZEN OF AT COUNTRY?	
Bookkeeper	Wooden & Co.	Md.	U	. S. A.	
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM	NE.		
Theodore F. Bow	ren	Ada E. Kir	by		
15. Was Deceased Ever in U. S. Armed F (Yes, no or unknown) (If yes, give wor or do	orces? 16. SOCIAL	17. INFORMANT		ADDRESS	
no	tes of service) 213-03-4488	Mrs. Ada E.	Bowen 5306 We	ndley Road	
18.	CAUSE	OF DEATH		INTERVAL BETWEEN	
DISEASE OR CONDITION D	JECTLY A	elno Vascul a		ONSET AND DEATH	
use to the above cause (A: UNDERLYING CONDITION last,	) slating the (C)				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING	ATED TO THE				
19A. DATE OF OPERATION 198. CO WAS PE	NDITION FOR WHICH OPERATION REFORMED	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?	
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, giv	e exact location)	
21D. TIME (Month) (Doy) (Year		21F. HOW DID INJU	RY OCCUR?		
(APPROX.)	While At Not Wh		30/ 1		
22. I certify that (I) (this bespitel) offended the deceased from 1928 to 196					
that (I) ( lost sow the decease	17 0	19 67 ond tha	t in(my) (o <del>or) o</del> pinian dea	th occurred on the	
and hour and from the couses stoted above. (1) (We) (did) (did per) view the body after deoth.					
23A. SIGNATURE Med. Stoff Phys. 23B. DATE SIGNED 12/1/67					
23 C. PHYSICIAN'S NAME (Type)	endelie mo	23D. ADDRESS	- 10 no (1)	10	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	LOUD COUNT	CATION (City, town,	V	
Burial 12-12-				or county) (State	
	-1967 Baltimore	F	Baltimore		
DEC 13 1967	-1967 Baltimore	25C. FUNERAL DIRECTOR G. Howard Stro		Md •	

attendance (4) Undetermined cause; (5) contributing cause prior occurred regular deceased is ma disposition = MOS the IMPORTANT assistant death LO kind; attendance any pronounced 9 or his fracture of the chief medical examiner FUNERAL DIRECTOR: regular who are 4 <u>ෆ</u> physician before the remains Was burns; physician (2) Body the ō the body was released to the hospital by where 2º any nature; 6 obtained 9 certificate must be approved hospital (except and eath) (1) An accident of must O 10 approval 0 prior 40 eceased D.O. shows: Was

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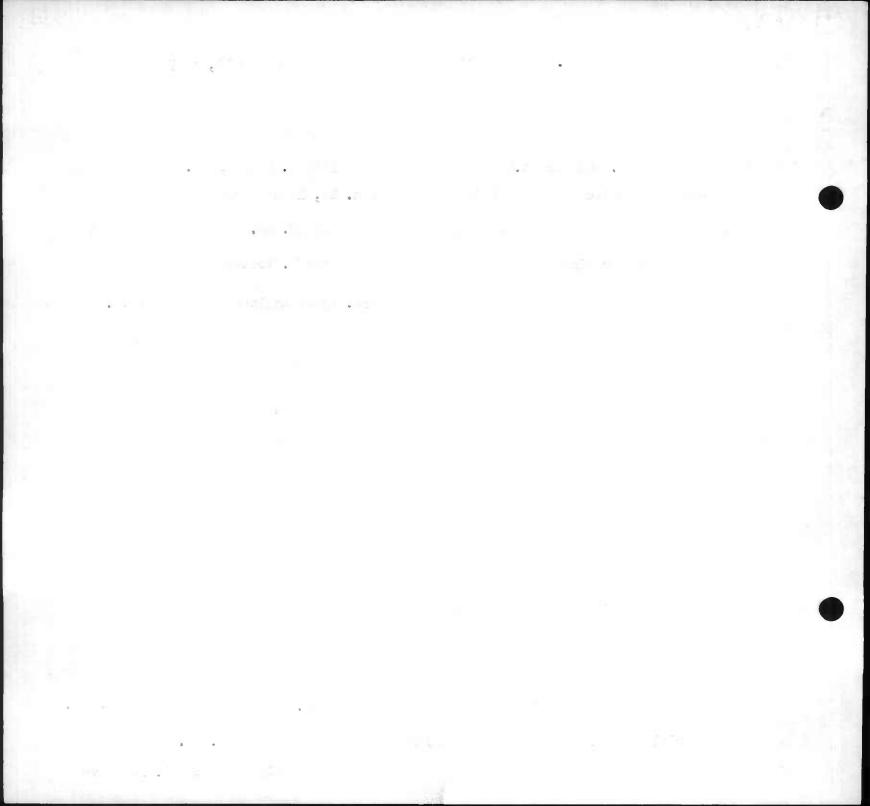
and of death Deceased

hospital

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BALTIMORE CITY HEALTH DEPARTMENT 67 11932 CERTIFICATE OF DEATH Registered Na. BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Wildmanw December 11, 1967 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION Baltimore Hanover St. S. Hanover St. MARRIED, NEVER MARRIED If Under 1 Yr. Months Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy) Hours Jan. 20, 1886 Widow Female White IOA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreigh country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Housewife At Home Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Hartline Rose M. Vetters 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. No Mrs. Agnes England 615 Bruce St. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injuly at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. Ш ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boftimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not White (APPROX.) At Work 3 22. I certify that (1) (this haspital) attended the deceased from 0 that (1) (we) last saw the deceased alive an and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending D Med. Phys. Phys. Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. Balto. Md.21230 Harry Deibel 1226 S. Hanover Street 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION

12 14 67 Balto. Md. Burial Western 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Mc Cully 130 E. Fort Ave VS 150-REV, 1/1/65



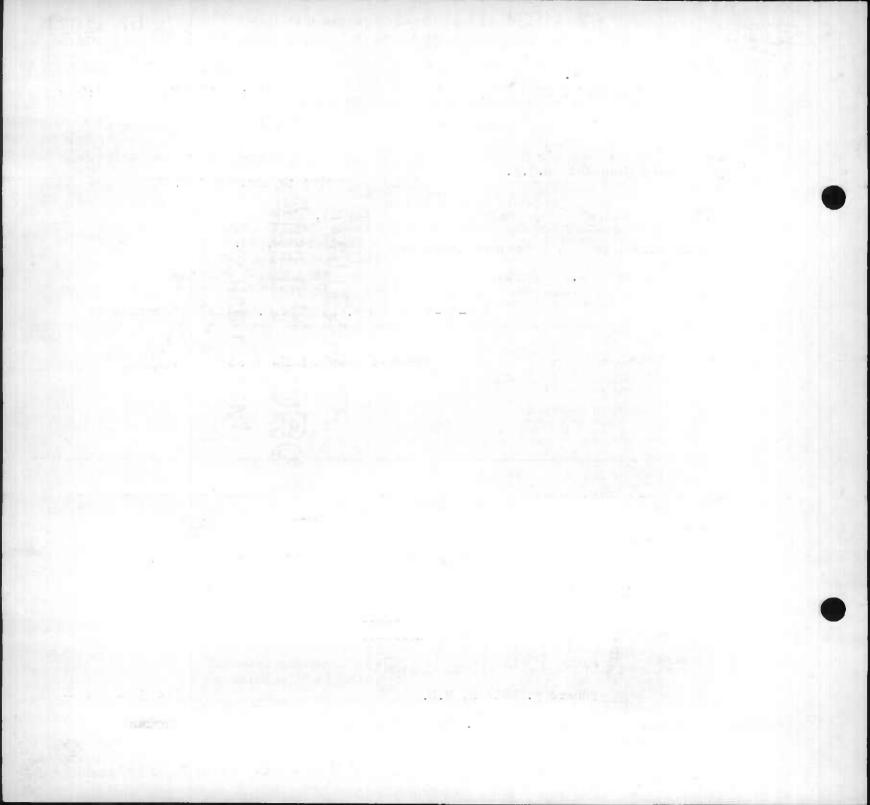
Such

	NRTH NO.		67 1193	NO.	TE OF DEATH	Registered Na.	67 11933			
1	A.E. CASE NO. NAME OF DEC	FEE	ELEMYER ,	MAUDE V.	2. DATE AN 12/0	D HOUR OF DEATH	5:15P.M.			
4	FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hoddress or	ospital or institution, (acation)	give street	MARYLAND  c. CITY OR TOWN (IF OUT  BALT I MORE	TY	RURAL and give towardip)			
li su						CHAM ROAD				
	FEMALE	6. RACE WHITE	WIDOWE	O, NEVER MARRIED  D, DIVORCED (specify)  OWED	07/05/86	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
		UPATION (Give kind working tite, even if		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?			
ľ	ROBERT	BEALL	1		14. MOTHERS MAIDEN NAM	HOBBS)				
		Ever in U. S. Am	med Forces? or dates of service)	16. SOCIAL SECURITY NO. 2/2-05-781/A	ST AGNES HOS	SPITAL REG	CRTON AVES.			
	heort foiluse, injury or con  DISEASES tise to the UNDERLYIN  OTHER SIGN	osthenio, etc. II nplication which ANTECEDENT C OR CONDITION te above cause G CONDITION I  II IFICANT CONDITI	AUSES S, il any, giving e (A) stating the	(B) (C) (C)	Denocarcino	12 Qe				
		F OPERATION 19		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?			
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)				fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)			
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work									
lea lea	22. I certify that (I) (this haspital) attended the deceased fram NOVEMBER 24, 19 67 to DECEMBER 8, 19 67, that (I) (we) last saw the deceased alive an DECEMBER 8, 19 67 and that in(my) (aur) apinian death accurred an the date									
	23A. SIGNATI 23A. SIGNATI 23C PHYSICIA NAME ( NAME	URE ANS Type A A E	2-Mus	M.D. Att.	23 D. ADDRESS  ST AGNES HOSE  EMATORY 124D. L	Stoff Phys. D PITAL- WILL OCATION (C) RCDCRICK	238, DATE SIGNED  12 8 6 7  KENS & CATON AVE  City, town, or county)  (State)			
	25A. DATE REC'E	EC 13 19	67 Robert	OF REGISTRAR	25C. FUNERAL DIRECTOR	ff 30,	1 Frederick Rd,			

av T is Light . To dual . the SEASOALO STREETH SALES THE TAXABLE TO THE TAXAB 

## 67 11934 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No...

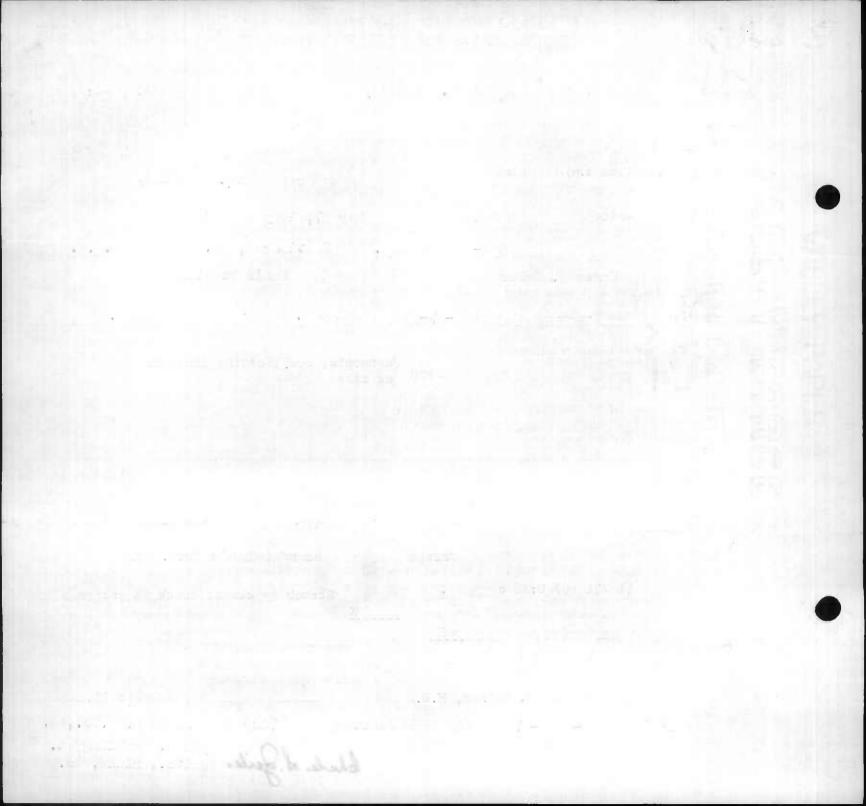
M.E. CASE NO.								
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD							
PRESTON SMITH	Died; 12/11/67   11:20 a m.							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)							
42	Baltimore							
Sinai Hospital D.O.A.	D. STREET ADDRESS (If rurol, give locotion)							
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	3735 Manchester Ave.  B. DATE OF BIRTH   9. AGE (In yeors   If Under 1 Yr, If Under 24 Hrs.							
Male White Whowed, Divorced(specify) Married	May 11, 1907   lost birth day!   Months Doys Hours Min.							
TOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRE done during most of working life, even if retired)  Cable Inspecter  Western Electric	Chestertown, Md. WHAT COUNTRY?							
John A. Smith	Mary Anna Sanford							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown),(If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS							
216-03-5775	Mrs. Lucille O. Smith same address							
18. CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunsh	not wound of the head							
(This does not meon the mode of dying e.g., heart failure, asthenia, etc. It means the disease,	tot would of the head							
heart failure, asthema, etc. It means the disease, injury or complication which coused death.)								
ANTECEDENT CAUSES								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,								
(C)								
OI .								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION								
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YES  YES							
ZIA, EXTERNAL CAUSE WAS OUNDERLYING OR CONTRIB-	in or about 21C. WHERE DID (If in Boltimore City, give exact location)							
UNDERLYING OR CONTRIB-	office bldg, INJURY OCCUR?  3735 Manchester Ave.							
21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED								
	WHILE X Subject shot himself							
22.	ond that on this bosis, death in my opinion							
resulted from: Notural coupes Ascident Suicio								
E1 17 1-	CHIEF MEDICAL EXAMINER							
SIGNATURE T-MC M.E	ASSISTANT MEDICAL EXAMINER K							
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER							
NAME (Type) Edward F. Wilson, M.D.  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	December 11, 1967 or CREMATORY 23D. LOCATION (City, town, or county) (Stote)							
REMOVAL (Specify) Burial 12/14/67 Mt. Olivet Co								
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS							
DEC 13 1967 Robert E. Farluna	Wmf. Techner LSono worth							
VS 151-REV. 1/1/65 8 6 , f	V In the second							



67 11935 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICAT	E OF DEATH Regulatered No.67 1193	35
	2. DATE AND HOUR PRONOUNCED DEAD	_

M.	E CASE NO.									
1. I	NAME OF DE	CEASED					2. DATE AND	HOUR PRONOUNCE	D DEAD	
		JAMES I		( JAM			Dec	ember 10,	1967	1 8:30 а м.
3. F	LACE IN BAL	TIMORE, MA	RYLAND, W	HERÉ PRONO	UNCED DEAD	4. USUAL RESID	EN CE (Where de	ceosed lived. If insti B. COU		idence before odmission)
FUI	LL NAME OF	(IF NOT	IN HOSPITA	L OR INSTIT	UTION, GIVE STREET	M	aryland	corporate limits, write		20xes Con
HO	SPITAL OR	ADDRES	SS OR LOCA	TION)		C. CITY OR TOV	VN (If outside o	corporote limits, write	RURAL	and give township)
	1						Balti	more	- 3	3-00
2	Churc	h Home	and Ho	enital		D. STREET ADDE		ve location)		
)	Ollare	II HOME	and no	opical		618	Wilson A	ve. # 212	24,	
5. 5	EX	6. RACE			NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH	1	9. AGE (In years lost birthday)		er 1 Yr. If Under 24 Hrs.
M	ale	White			ried	Mov 27	1905	62	7410111113	1
104	USUAL OCC	UPATION (GIV	e kind of work	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign		12. CITIZ	ZEN OF
don	e during most of Foren		ren if retired)	Aminda	1-Brooks Corp	Bol	ltimore	. Nd.	WHA	U.S.A.
13.	FATHER'S NAM		-	arunde	T-DIOOVS COLL	14. MOTHER'S M.		9 101.0		0.0.2.
		.Tam	nes P.	Baker				Stanton		
15	WAS DECEASE				16, SO CIAL	17. INFORMANT			ADDRES	· c
	s, no or unknown				SECURITY NO.	IV. IIII OKIVIAIII			ADDRES	
	No				216-07-5364	Louise :	R. Baker		Sam	Θ.
	1B	301	0		CAUSE	OF DEATH			.===	INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CON	IDITION DI	RECTLY						ONSEL AND DEATH
		LEADING	TO DEATH		(A) Pn	eumonia, d	complicat	ting fractu	re	
	heort foilure	not meon the	c. It meons	the disease,	MERK	f ribs				***************************************
	injury or complication which coused death.)									
	ANTECEDENT · CAUSES									
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE								•••••••	
	UNDERLYING CONDITION LAST.									
Z					(C)			***************************************		
Ĭ			11							
0		DEATH BU								
T		R CONDITIO						***************************************		
CERTIFICATION	19A. DATE OF	F OPERATION	WAS PERI		WHICH OPERATION		IN	B. IF YES, WERE FIN		
	21A. EXTERNA	1 CALLEE W	AC	018	DI A CE OF INTHESY		ES	YES		
EDICAL	UNDERLYING	OR CONTR	1B-	hom	PLACE OF INJURY (e.g., e, form, factory, street, o	ffice bldg., INJURY	OCCUR?	in Boltimore City, giv		
9	UTING CAU	SE OF DEAT	rH.	etc.)	Garage	Aı	runde <b>1=</b> Bi	rooks Corp.	Gara	age of O
Σ	21 D TIME OF INJURY	(Month)	(Doy) (Yeor	(Hour)	21E. INJURY OCCURRED	21 F. H C	OW DID INJUR	OCCUR?		
	(APPROX.)	11 2	1 67	8:30 a	WHILE AT W	WHILE Str	uak by a	ement truc	rin	caraca
	22.					[77]	uck by c	ement truci	7 111	garage
	I cer	tify that I h	neld on li	nquiry 🔲	Inspection Aut	opsy X one	thot on this	bosis, death in m	y opinio	on
	resu	Ited from:	Notural cou	ses	Accident X Suicide	Homici	de Un	determined monne	18	
		-/	1 1	1/1/10		CHIEF MI	EDICAL EXA	MINER		DATE SICNED
	SIGNAT		Dal D	4 000	56	ASSISTANT MI	EDICAL EXA	MINER X		DATE SIGNED
	EXAMIN	-			Mi De	ASSOCIATE M				
	NAME (		Edward	F. Wi	Ison, M.D.				cembe	r 11, 1967
	MOVAL (Specif		38. DATE	2.	1son M.D.	CREMATORY	23 D. LO	CATION (City,	lown, or	county) (State)
KE	Buria	i :	12- 14	-67	Oak Lawn Ce	emetery	7225	Eastern B	31vd.	Ba.Co., Md.
24/	. DATE REC'D				OF REGISTRAR		AL DIRECTOR			Kring St.
		OFO 1	0			4	0()			
		MER Y	3 1967	Valve	B E. Farbeyns	Charle	s. Jei	ler Balto.	, 51	224, 110.
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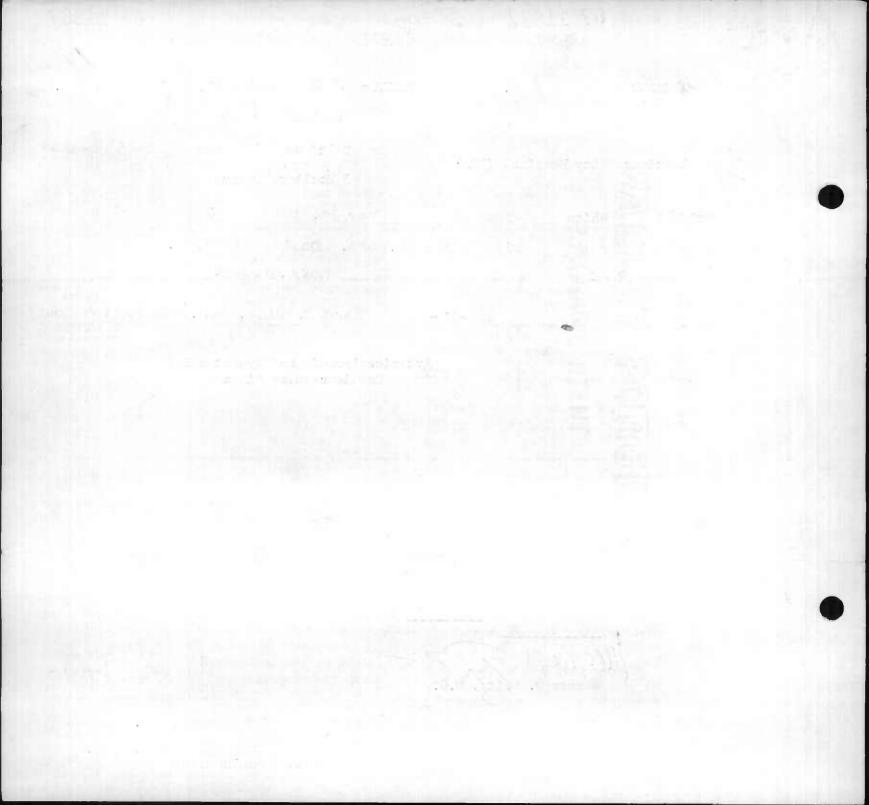


	CITY A A CO CO BALTIMORE C	CITY HEALTH DEPARTMENT 67 11936						
8	BIRTH NO. 67 11936 CERTIFIC	CATE OF DEATH Registered No.						
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
	(Type or Print) Rita INGRAM	12.1.67   1130 A.M.						
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY						
	FULL NAME OF (If not in hospital or institution, give street	Cresaptown Ma alleghange						
	HOSPITAL OR oddress or location) NSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL ond give township)						
3	Euniversity Hospital Baltin	AS STREET ADDRESS (If rural, give locotion)						
-	poorationed the fact to basen	107 SIKEEL ADDRESS (III Turdi, give locotion)						
made	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9, AGE (In years   If Under 1 Yr, If Under 24 Hrs.						
E	WIDOWED, DIVORGED (specify)							
.5	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
disposition	done during most of working life, even if retired)	WHAT COUNTRY?						
Sit	13. FATHERS NAME	FROSTBURG MARYLAND W.S.						
bods	OWEN MCATEER	MARGARET GREEN						
		17. INFORMANT MARCES LAND						
final	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  UNKNOWN	MR. ROBERT LEE SNOEBERGER, CRESAPTOWN						
	190	E OF DEATH INTERVAL BETWEEN						
0	DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH						
peu	LEADING TO DEATH	Corollia Hetastasia Iun						
palmed	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenio, etc. It means the disease,							
n b,	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (A) Cerebral Metastasis 1 your failure, asthenio, etc. It means the disease, injury or complication which caused death.)  (B) Carcumoma of Breast							
e B	ANTECEDENT CAUSES  (B) CONCENSION B PORCES  DUE TO							
are	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C)	1. **						
	UNDERLYING CONDITION last.							
remains	Z CTUED SIGNIFICANT CONDUCTOR CONTRIBUTING	,						
Геп	2 TO THE DEATH BUT NOT RELATED TO THE	na 9						
0	DISEASE OR CONDITION CAUSING IT.  194-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED						
e th	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?						
before	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact facation) t, affice bldg., INJURY OCCUR?						
be	DEATH (notify medical examiner) etc.)							
Pe	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At   Not Year	21F. HOW DID INJURY OCCUR?						
ained	(APPROX) While At Work At W	While Orth						
þ	22. I certify that (I) (this haspital) attended the deceased fram	11,25.67 1967 10 12.7 1967.						
0	that (I) (we) last saw the deceased alive an 17:7	19 6 7 and that in(my) (aur) apinian death accurred on the date						
st b	and haur and from the causes stated above. (1) (We) (did) (did no							
E U	23A. SIGNATURE	23 B. DATE SIGNED						
=	Mous Tuesson M.D.	Attending Med. Stoff Phys. 12-7-67						
0 / 0	23C. PHYSICIAN'S NAME (type)	23D. ADDRESS						
approval	~ / /	1.0. University Hospital Battimes						
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF REMOVAL (Specify)							
written	TITTO TO A TO	S CEMETERY FROSTBURG, MARYLAND  ADDRESS ADDRESS FUNERIA  MARYLAND  SOWERS, HAFER-SOWERS FUNERU  MARYLAND  ADDRESS FUNERU  MARYLAND  MARYLA						
T	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ADDRESS MARIA DIRECTOR SOMERS HARED COMPACTIONS						
}	DEC 13 1967 Relieb E. tarkey	MARILOU M. SOWERS, HAFER-SOWERS FUNERU Manieu HOME, 60W, MAIN, FROSTBURG						
	VS 150-REV. 1/1/65	- The state of the						



## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No

PIKITI NO.	MLDI	CAL LA	AMIII ALIK 5 CI	LKIIIICAI	LOIL	LATITIO			
M.E. CASE NO.	D				2 DATE AN	D HOUR PRONOUNCE	D DEAD		
1. NAME OF DECEASE (Type or Print) MARGARET		Ε.	KRAM	DIO		mber 11, 196		3:25	P. M.
3. PLACE IN BALTIMOR	RE, MARYLAND, W				NCE (Where	deceased lived. If insti 1221	tutian: resid		
FULL NAME OF () HOSPITAL OR / NITTUTION	IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOW	N (If outside	corporate limits, write		nd give town	
Baltimon	re City Ho	spital (	(DOA)	Balti:				55-	00
5. SEX   6. RA	CE		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Under	1 Yr. If Und	der 24 Hrs.
Female	T71- 3 4 -		OIVORCED (specify)	May 14,	1905	last birthdoyl	Months	Doys   Hou	s Min.
OA. USUAL OCCUPATI		TOB. KIND OF	owed BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tote or foreig		12. CITIZE	N OF	1
one during most of working		Spring	Grove St.	Hosp. B	eals 1	sland.Md.	WHA.	T COUNTRY	?
3. FATHER'S NAME	War se	TO DE ZII	9 02000	14. MOTHER'S MA	IDEN NAM		1		
	<b>R</b> Parks			Ma	ry Cre	ocket			
5. WAS DECEASED EV		s of service)	16. SO CIAL SECURITY NO.	17. INFORMANT		P 4	ADDRESS	2120	
1B. // // 20		2	12-16-4448	Edward (	C. Rit	z, son, /4.	LZ Ka	INTERVAL	
(This does not me heart foilure, asthining or complice ANTE DISEASES OR CRISE TO THE ABOUNDERLYING CONTROL OTHER SIGNIFIC TO THE DEA	R CONDITION DI LDING TO DEATH the mode of enio, etc. Il meons dison which coused  CEDENT · CAUSE: CONDITIONS, IF A OVE CAUSE (A) SI CONDITION LAST.  II ANT CONDITIONS TH BUT NOT REI NDITION CAUSING RATION 19B, CON WAS PER	dying, e.g., the disease, death.)  S  NY, GIVING TATING THE  CONTRIBUTION EATED TO THE TITLE TITLE TO THE TITLE TI	(B) DUE TO (C)	Cardiovas	cular I	lypertensive Disease 208. IF YES, WERE FIN IN CERTIFYING CAUS			D DEATH
21A, EXTERNAL CA UNDERLYING OR - UTING CAUSE O	CONTRIB-	21 B. I home, etc.)	PLACE OF INJURY (e.g., farm, foctary, street, c	in or obout 21C. W	HERE DID OCCUR?	(If in Boltimore City, giv	ve exoct la	cation)	
2	onth) (Doy) (Yeo		HILE AT NOT	21F. HO	M DID INJU	JRY OCCUR?			
ACTUAL SIGNATURE EXAMINER'	WELLEL		Inspection X Autoccident Suicid	and e Hamicia	le U U EDICAL EX			DATE S 12/12	
NAME (Type 23A. BURIAL CREMATI REMOVAL (Specify) Burial	1)	230	C. NAME of CEMETERY of Baltimore			ocation (City, altimore,	tawn, ar o	caunty)	(State)
24A. DATE REC'D BY H			of registrar	24C. FUNERA Schin	unek	Funeral Ho	ome,	DDRESS Inc.	



Such

a hospital and

ERTIFICATE OF DEATH  Registered No.  M. E. CASE NO.  I.NAME OF DECASED IType or Princh I.NAME OF DECASED ITYPE OF DEATH IN BALTIMORE, MARTLAND  A. USUAL RESIDENCE (When deceased lived, if institution, residence before odmission)  A. STATE I.NAME OF DECASED ITYPE OF DEATH IN BALTIMORE, MARTLAND  A. STATE OF DEATH IN BALTIMORE, MARTLAND  B. STREET ADDRESS III I road, give location) I.NAME OF DECEASED III I road, give location) III Under 1 Yr. II Under 2 Hrs. II Under 1 Yr. II Under 2 Yr. II Under 1 Yr. II Unde							
I. NAME OF DEECASED   JAMES L. MOUDRY   2. DATE AND HOUR OF DEATH   Dec. 9, 1967   8:30 p. M.							
S. PLACE OF DEATH IN BALTIMORE, MARKLAND   1. STATE							
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF HOSPITAL OR Oddress or locotion oddress or locotion of institution, give sheet oddress or locotion oddress or locotion of institution.  103 E. 22nd St.  5. SEX    S. RACE   7. MARRIED. NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in years with most of working life, even if resired)   104 Nove CE (specify)   104 Nove CE (specify)   105 Nove CE (specify)   106 Nove CE (specify)   107 Nove CE (specify)   108 Nove CE (specify)   108 Nove CE (specify)   109							
FULL NAME OF HOSPITAL OR Oddress or locotion)  NSTITUTION  103 E. 22nd St.  103 E. 22nd St.  103 E. 22nd St.  103 E. 22nd St.  104 E. 22nd St.  105 SEX  106 RACE  MIDOWED, DIVORCED Ispecify)  MOLOWED, DIVORCED Ispecify)							
C. CITY OR TOWN (If outside city limits, write RURAL and give lownship)   Baltimore							
Baltimore  D. STREET ADDRESS (If rurol, give locotion)  103 E. 22nd St.  5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   WIDOWED, DIVORCED (specify)   6/19/09   6/19/0							
103 E. 22nd St.  5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years Months; Days Hours Min. Min. Months Days Hours Min. Months; Days Hours Min. Months; Days Hours Min. Min. Months Days Hours Min. Months; Days Hours Min. Min. Min. Months; Days Hours Min. Min. Min. Min. Min. Min. Months; Days Hours Min. Min. Min. Min. Min. Min. Min. Min.							
S. SEX    S. SEX   S. RACE   T. MARRIED   T. MARRIED   T. MARRIED   T. MARRIED   T. M. Months; Doys   T. Months; Doys							
male white married 6/19/09 lost birthdoy 58 Months Doys Hours Min, married 6/19/09 lost birthdoy 58 Months Doys Hours Min, married 58 Married 58 Months Doys Hours Min, married 6/19/09 lost birthdoy 58 Months Doys Hours Min, married 58 Married 58 Married 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Laborer Beth. Steel Co. Baltimore, Md.  13. FATHER'S NAME Unknown  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. YES WW 2-Army 219-03-1348 Catherine Healey Moudry, wife  18. CAUSE OF DEATH  OISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc., It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (CI							
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Laborer  13. FATHER'S NAME  UNKNOWN  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  YES  WW 2-Army  219-03-1348  CAUSE OF DEATH  OISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does nal mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the							
Laborer   Beth. Steel Co.   Baltimore, Md.     13. FATHER'S NAME   Unknown     15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL SECURITY NO.   Ves., no or unknown) (lif yes, give wor or dotes of service)   19. OR SECURITY NO.   Catherine Healey Moudry, Wife     18.							
13. FATHER'S NAME  UNKNOWN  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  YES  WW 2-Army  219-03-1348  CAUSE OF DEATH  ONSET AND DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the  14. MOTHER'S MAIDEN NAME  UNKNOWN  17. INFORMANT 2825 E. Madison St. ADDRESS  Catherine Healey Moudry, Wife  CAUSE OF DEATH  ONSET AND DEATH  LAMOTHER'S MAIDEN NAME  UNKNOWN  17. INFORMANT 2825 E. Madison St. ADDRESS  Catherine Healey Moudry, Wife  ONSET AND DEATH  ONSET AND DEATH  LAMOTHER'S MAIDEN NAME  UNKNOWN  17. INFORMANT 2825 E. Madison St. ADDRESS  CAUSE OF DEATH  ONSET AND DEATH  LAMOTHER'S MAIDEN NAME  UNKNOWN  17. INFORMANT 2825 E. Madison St. ADDRESS  CAUSE OF DEATH  ONSET AND DEATH  ONSET AND DEATH  LAMOTHER'S MAIDEN NAME  UNKNOWN  (A) LAMOTHER'S MAIDEN NAME  (A) LAMOTHER'S MAIDEN NAME  UNKNOWN  (A) LAMOTHER'S MAIDEN NAME  (A) LAMOTHER'S MAIDEN NAME  (B) LAMOTHER'S MAIDEN NAME  (B) LAMOTHER'S MAIDEN NAME  (A) LAMOTHER'S MAIDEN NAME  (B) LAMOTHER'S MAIDEN NAME  (C) LAMOTHER'S MAIDEN NAM							
unknown  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service)  yes   WW 2-Army   219-03-1348   Catherine Healey Moudry, wife    18.							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no a runknown) (If yes, give wor of dates of service)  YES  WW 2-Army  219-03-1348  Catherine Healey Moudry, Wife  CAUSE OF DEATH  Obsease Or Condition Directly LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc., It means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES Or COnditions, if any, giving rise to the above cause (A) stating the  (C)  17. Informant 2825 E. Madison St. Address  Catherine Healey Moudry, Wife  CAUSE OF DEATH  ONSET AND DEATH  LAMBERS OF COLUSION  (B)  DUE TO  (B)  DUE TO  (C)							
yes WW 2-Army 219-03-1348 Catherine Healey Moudry, Wife    IB.							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does nal mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the  (C)  CAUSE OF DEATH  (A)  OROWARY OCCLUSION  INTERVAL BETWEEN ONSET AND DEATH  (A)  DUE TO  DUE TO  (B)  DUE TO  (C)							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)							
LEADING TO DEATH  (This does nal mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)							
heard failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)							
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)							
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)							
rise to the above cause (A) stating the (C)							
ON DEMENTION CONDITION (0.3),							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE USERASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or Not) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID  (If in Boltimore City, give exact location)							
The state of the s							
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?							
O State though the dictor extending							
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  Month (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
Work At Work							
22. I certify that (I) (this hospital) attended the deceased from 964 19 to 1967 19							
that (1) (we) last sow the deceased alive on 19 ond that in (my) (per) opinion death occurred on the date							
ond hour and from the causes stated above (1) (We) (did not) view the body ofter death.							
23A. SIGNATURE							
4) Deg B. More, Lap. D. Attending Med. Director   Stoff Phys.   12-11-67							
23C. PHYSICIAN'S NAME (Type) Dr. Benjamin Moses 448 N. Luzerne Ave.							

24A. BURIAL CREMATION, 24B. DATE Baltimore, 12/13/67 Balto. Nat. Cem. Md. Burial 25B. NAME OF REGISTRAR Schimunek Funeral Home, Inc.
3331 Brehms Lane 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 1967 VS 150-REV. 1/1/65

24D. LOCATION

(City, town, or county)

(Stote)

M.D.

24C. NAME of CEMETERY of CREMATORY

And the same of the same C124 15

BIRTH NO.

VS 151-REV. 1/1/65

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11939

M.E	CASE NO.								
	NAME OF DE	CEASED				2. DATE AN	ID HOUR PRONOUNC	ED DEAD	
	ALBERT	М.		PAULAS - PA		Dece	mber 9, 196	7 19	:30 P. M.
FUL HO INS	I NAME OF SPITAL OR TITUTION	wfield Avenue	AL OR INSTITUTION)	ENDED	Marylan	d wn (If outsiden) more	deceosed lived. If inst B. COL	אנאנ	before odmission)
	204/ Ma	ylleid Avenue					Avenue		
5. S	EX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	If Under 1 Y	r. If Under 24 Hrs.
	Male	White	WIDOWED,	DIVORCED(specify) Tried	11/27/		lost birthdoy) 71		s Hours Min.
		working life, even if retired)	Rowan	comp. Co.	Baltin	more,	Md.	12. CITIZEN O	DUNTRY?
13. F	ATHER'S NAM	John Paul	us		14. MOTHER'S M	Mary D			
		ED EVER IN U.S. ARMEE		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	no	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5-07-1852A	Mabel V	Wyatt	Paulus, wi	ife, ab	ove
ERTIFICATION	LEADING TO DEATH  (This does not mean the mode of dying e.g., heart foilure, osthenio, etc. It means the disease, injury or camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)								
CERTIFI	DISEASE C	DEATH BUT NOT RE OR CONDITION CAUSING F OPERATION 198. CON WAS PER	G IT.		20A, AUTOPS	Y? (Yes or Na)	20B. IF YES, WERE FI		
8	UNDERLYING	AL CAUSE WAS OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street, c	in or about 21C.	WHERE DID RY OCCUR?	(II in Boltimore City, gi	ive exact lacatio	n)
	OF INJURY (APPROX.)	(Month) (Doy) (Yea		WHILE AT NOT AT W	WHILE	IOM DID INJ	URY OCCUR?		
	22. I cer	tify that I held an	Inquiry 🗌	Inspection X Aut	apsy an	nd that an th	nis basis, death In r	my apinian	
	resu	Ited from: Natural co	uses X	Accident Suicid	e Hamic	ide 🗌	Undetermined mann	er	
	ACTUA SIGNAT	URE	LEN	M. D.	ASSISTANT M	MEDICAL E	XAMINER X		ATE SIGNED 2/10/67
	HAME (		U./Spi	tz, M.D.	ASSOCIATE A	MEDICAL E	AAMINEK		2,10,07
REA	BURIAL CRI MOVAL (Speci Burial	EMATION, 23B, DATE		Gardens of R			Baltimore,	, town, or county	y) (Stote)
	DATE REC'E			of registrar	24C. FUNES Schi	Munek		ADDI	

main resultant throat reduction

	BALTIMORE CITY	HEALTH DEPARTMENT
	BIRTH NO. 67 11940 CERTIFICA	TE OF DEATH Registered No. 67 11940
	M.E. CASE NO.  1. NAME OF DECEASED (Or William E. Davis)  (Type or Print TALL Of Col. 10)	2. DATE AND HOUR OF DEATH
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE  B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street	4313 381881 ADEL
	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	33	D. STREET ADDRESS (If rural, give location)
	JOHNS NOPICINS HOSPILA!	
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday) 4 Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	WHAT COUNTRY?
	CAB driver DANOND CABCO.	Baltimore, Md.
	13. FATHERS NAME HARRY Talbert	14. MOTHER'S MAIDEN NAME
	,	DHUIS, SADIE
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	no 216-03-0278	
	DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH  (This does not meen the made of dying, e.g., DUE TO	diac arrest occurring C . ~ 19 days
	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	ral debilitation and hypotenion
	ANTECEDENT CAUSES (B) Solla	wing nutral commissuratory
	DISEASES OR CONDITIONS, if ony, giving	marked mitral stenesis
	rise to the above couse (A) stating the (C) UNDERLYING CONDITION tost.	line pase.
	II Descriptione o	1 (D) legand both hands
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ACUTE GANG	enous chelocustitis of probable, ~ 5 days
-	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERF FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
4	12/1/67 TO MITTAL STUDS DAY L) Ila	ver las
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	n or obout 21 C. WHERE DID (If in Boltimore City, give exact locotion) fice bldg., INJURY OCCUR?
	O 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.)  While At Work At Work	
	22. I certify that (I) this haspital) attended the deceased fram9	/28 1967 to 12/9 1967
	that (1) (we) last saw the deceased alive an 12/9	19 67 and that in (my (our) apinian death accurred on the da
	and haur and from the causes stated abave. (I) (We) (did) (did nat) v	
	23A, SIGNATURE  M.D. AHE	ending Med. Stoff (2)
	Phy	
	NAME (Type) , M.D.	
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 12/12/67 Meadowridge M	em. Park Elkridge, Md.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR Funeral Home, Inc.
	DEC 13 1967 Robert E. Jankey	3331 Brehms Lane
	VS 150-REV. 1/1/65	

STREET REPORTED

JOHNS HOPKINS KOSPINO

W W

HARRY

14

5/15/12 57

CAB driver DIRWOND CAB CO.

DADIS, SADIE e 4101+

BALTIMORE	CITY	HEALTH	DEPARTMENT

D	N1 -	6	7	11	941
Registered	Na.		.6		11 7 3

BIRT	H NO.	6°	7 115	AL CERTIFIC	ATE OF DEATH	Registered Na	67 11941	
	AME OF DE		6 22			ND HOUR OF DEATH		
(Тур	e gt Printl	I ALID A	IPE		12-	0-17	11:2.0.	
3. P	LACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If insti	tution: residence before admission)	
					A. STATE B. COUL			
	ULL NAME		or institutio	n, give street	C. CITY OR TOWN (If or		RAL and give towership)	
	NSTITUTION				200 m	,,	1-01	
1			7.			frutol, give location)	1	
4	MION	WEMORIAL	HOSP	ITAL	2808 ASHL	AND AVENU	E	
5. S	EX	6. RACE	7. MARRI	ED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs.	
1	A	10	114	VALUED	08-28-14	53		
103	USUAL OC	CUPATION (Give kind of wor	k TOB. KIND	OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?	
900	TEET Y	of working lile, even if retired)	Gari	es Erectors	CO NIARYCAND		U.SA.	
	FATHERS NA				14. MOTHER'S MAIDEN NA	ME	4.37	
	F161	FR HALLAND			BANBARA G	1.4000	las abu a co	
15.	Was Decease	ER HOLLAND od Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	LINTHER	ADDRESS	
(Yes	, no or unknov	wn) (If yes, give wor or dot	es of service	SECURITY NO.		-1- TT-11A	wife chare	
	no		21	.3-05-8128		zak Holland	, wife, above	
	1B. 00	3 X I		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISE	ASE OF CONDITION DI LEADING TO DEATH			CHF	e		
	(This does	nal mean the made of		q., DUE TO	Stalion Guld			
	heart failure	e, asthenia, etc. II means	s the diseas		Office of	-1	`	
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (A)  DUE TO  Efalor, Fuefic  (B)  Cuttle Confluent broughopsess  DUE TO							
	DISEASES							
		OR CONDITIONS, if the abave cause (A)						
	UNDERLYI	NG CONDITION last.					(C)	
z		11	CONTRIBUT	ING				
ATIO	TO THE	DEATH BUT NOT REL	ATED TO					
		OF OPERATION 198. CON		R WHICH OPERATION	20A. AUTOPSY? (Yes or N	o 20B. IF YES, WERE FIN	IDINGS CONSIDERED	
ERTIFIC	0		RFORMED			IN CERTIFYING CAUS	ES OF DEATH?	
C	21 A. ACCID	ENT WAS UNDERLYING		B. PLACE OF INJURY (e.	g., in or obout 21 C. WHERE DID	(If in Boltimore C	City, give exact location)	
AL		IBUTING CAUSE OF ify medical examiner		nome, form, foctory, street etc.)	office bldg., INJURY OCCUR?			
DIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 2	TE. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
₹ E	OF INJURY	,		While At Not V	Vhile —			
				Work At W		(m 14		
							9 19 17	
	that (I) (w	e) last saw the deceas	ed alive a	n /1 = 9	19 6 7 and t	hat in (my) (aur) opini	an death accurred on the date	
			ited abave.	. (1) (We) (did) (did no	t) view the bady after death.			
	23A. STENA	TURE /	0 1				3R DATE SIGNED	
	Kanl	1. Alegui	Costa	M.D.	Attending Med. Phys. Director	Stoff Phys.	12-9-67	
	23 C. PHYSIC	TIAN'S RAUL V.	DESQU	ITADO	23D. ADDRESS THE UN	NION MEMORIA	L HOSPITAL	
	PALL	LV. DESQU	-	M M	D. GNION MEM	DELAL HOSD	ITAL	
24A	BURIAL CI	REMATION, 24B. DATE	24C.	NAME of CEMETERY OF	CREMATORY 24D.	DRIAL HOSP LOCATION (City,	town, or county) (State)	
	Buria		167 (	Gardens of	Faith Cem.   B.	altimore, M		
25A	. DATE REC'	'D BY HEALTH DEPT.		E OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS	

VS 150-REV. 1/1/65

DEC 1 3 1967

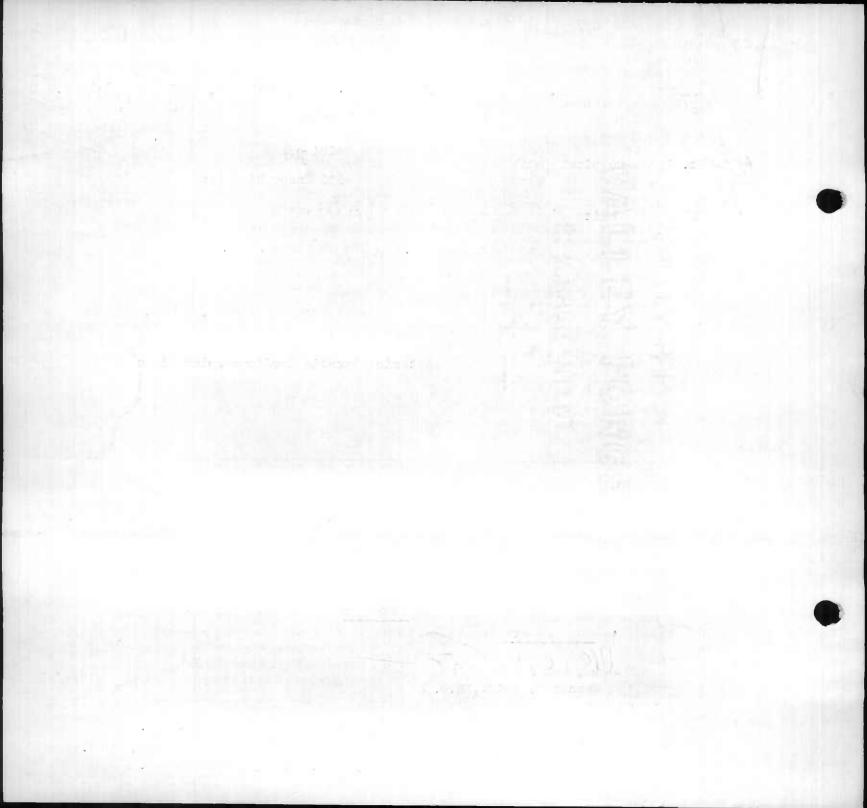
Robert E. Farley M. B.

Schimunek Funeral 3331 Brehms Lane

THE PERSON CHARLES CONTINUES. STATE

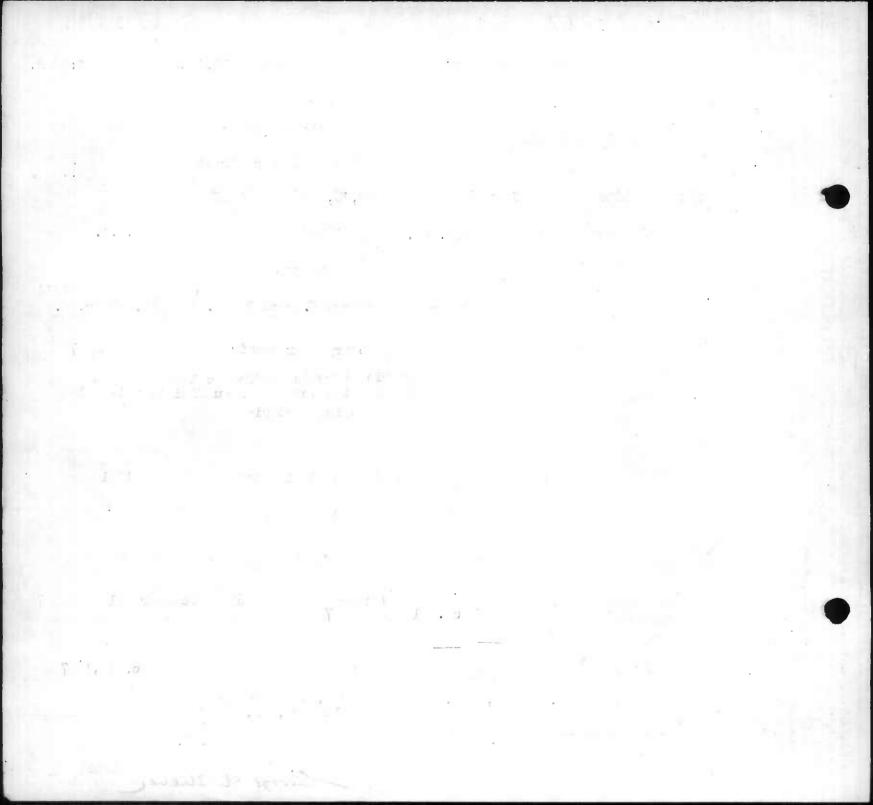
67 11942 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11942

DIKITI I		MEDICALL	AFAMILIA CI	LKIIIIC	12 01 1	) L/ (		
	ASE NO.				2. DATE AN	D HOUR PRONOUNCE	D DEAD	
Type o	AE OF DECEASED	J.	JONES	Sr.		ber 9, 1967		:10 A. M
_		AARYLAND, WHERE PRONC		4. USUAL RESI	DENCE (Where	deceosed lived. If insti	tution: residence	before admission
ULL N		OT IN HOSPITAL OR INSTI	TUTION, GIVE STREET	Mary.		e corporate limits, write	RURAL and giv	re tawaship)
VSTITL	AL OR ADD	RESS OR LOCATION)						78-09
St	. Agnes Ho	spital (DOA)		D. STREET AD	imore  DRESS (If rurol.	give location)	-	-0 -1
	, 1,81100 1101	sprour (Don)				iew Road		
. SEX	6. RACE	7, MARRIET	D, NEVER MARRIED	8. DATE OF BIR		9. AGE (In years		If Under 24 Hrs
	ile Wi	WIDO WED,	, DIVORCED (specify)	2/14/1	033	lost birthday)	Manths Doys	Haurs Min.
		Give kind of wark 108, KIND (	ATTIED  OF BUSINESS OR INDUSTRY			- '	12. CITIZEN O	F
one du	ring mast af warking life	, even if retired)			stown,		WHAT CO	UNTRY?
	erintenda	nt Zone Ma	arking Co.	14. MOTHER'S	MAIDEN NAM	E E		
		nown		un	known			
5. WA	S DECEASED EVER II	N U.S. ARMED FORCES?	16. SO CIAL	17. INFORMANT			ADDRESS	
		ive wor or dates of service)				Jones, wif	e ahor	10
					Mason .	Jones, wil		
18.	12211		CAUSE	OF DEATH				RVAL BETWEEN SET AND DEATH
	TO THE DEATH	II CONDITIONS CONTRIBUTIONS TO THE PROPERTY OF						***************************************
E 197	DISEASE OR CONDI	ON 198, CONDITION FOR	R WHICH OPERATION	20A. AUTOP	SY? (Yes at Na)	20B, IF YES, WERE FIL	NDINGS CONSI	DERED
2	)	WAS PERFORMED		Yes		IN CERTIFYING CAU		
O UN	A. EXTERNAL CAUSE IDERLYING OR CON ING CAUSE OF D	ITRIB- har	B. PLACE OF INJURY (e.g., me, form, factory, street,	in or about 21 C.	WHERE DID	(If in Baltimare City, gi	ve exoct lacation	
211 OF	D TIME (Month) INJURY PPROX.)		21E. INJURY OCCURRED WHILE AT NOT AT WORK	WHILE	HOW DID INJ	URY OCCUR?		
22				ree	1.11		1.1	
		I held on Inquiry				is basis, death in n		
	resulted from	: Natural causes K	Accident Suicio			Undetermined monn	er	
	ACTUAL	lonesh	Sont M.C			XAMINER X	D	ATE SIGNED
	EXAMINER'S NAME (Type)	Werner U. Spi	/ / /	ASSOCIATE	MEDICAL E	XAMINER		12/9/67
	BURIAL CREMATION,	23B, DATE	23C HAME OF CEMETERY	or CREMATORY	23 D. I	LOCATION (City	, tawn, or county	y) (Stote)
E	VAL (Specify) Burial		Woodlawn Cer			oodlawn, M		
24A. D	ATE REC'D BY HEAL		E OF REGISTRAR		LMUNEK	Funeral Ho	ome, Appr	C.
		1 3 1967 Rec	b E. Farburns	2	2601 E.	Madison S	St.	
VS 15	1-REV. 1/1/65		A 19 17 17 17	1.71	0 / / /			



the bady was released to the hospital by a medical examiner. Also, if the direct ar cantributing cause of death shows: (1) An accident af any nature; (2) Bady burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician wha pronounced death was in regular attendance on the deceased priar ta death); and (6) No physician was in regular attendance an the deceased priar ta death. Such This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a haspital and

ype or Pri	F DECEASED	homas Luc	yan Drozd		nber 11,196			
FULL NA HOSPITA INSTITUT	OF DEATH IN BALTIM	hospitol or instit or location)	ution, give street	4. USUAL RESIDENCE (What is a state of the s	ere deceosed lived, If NTY utside city limits, write	institution: residence before odmiss		
00	o nome zao i	South Ami	201990		rurol, give location)			
sex Male		Wil	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)  idowed	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mir		
one during i	OCCUPATION (Give k most of working life, even Tool Maker	if retired)	eman Bros, Inc.	Poland	eign country)	12. CITIZEN OF WHAT COUNTRY?  U.S.A.		
Luc;	yan Drozd			14. MOTHER'S MAIDEN NA	ME			
. Wos De	ceosed Ever in U.S. Anknown) (If yes, give w	Anned Forces? vor or doles of se	16. SOCIAL SECURITY NO. 213-05-1786	17. INFORMANT Bernard F. Droze	332 S.Gile	ADDRESS 21014 es St, Belair, Md.		
18. 4	DISEASE OR CONDI		<b>A</b>	of DEATH Coronary Through		INTERVAL BETWEEN ONSET AND DEATH		
		made of duine	DILE TO	riosclerotic Cardiovascular ase with Coronary Insufficiency 1/8/61 nd Angina Pectoris				
heort finjury  DISEA	does not meon the oilure, osthenio, etc. or complication which ANTECEDENT SES OR CONDITION TO THE ONLY ON THE ONLY	It means the dish coused death.)  CAUSES  ONS, if ony, use (A) stoling	e.g., DUE TO Arte  (B) Dise  DUE TO a	ase with Corona	y Insuffici	endy 1/8/61		
DISEA rise UNDE	oilure, osthenio, etc. or complication which ANTECEDENT SES OR CONDITIO	It means the dish coused death.)  CAUSES  ONS, if ony, use (A) stoling I lost.  OITIONS CONTRIBUTIONS CONTRIBUTIONS TELESTED TO TRELATED TO THE CONTRIBUTIONS TO THE CONTRIBUTION	e.g., DUE TO Arte  (B) Dise  DUE TO G  (B) DISE  (C) G  BUTING	ase with Corona	y Insuffici ris	lendy 1/8/61 1961		
DISEA rise UNDE	oilure, osthenio, etc. or complication which  ANTECEDENT  SES OR CONDITION to the obove county RLYING CONDITION  SIGNIFICANT COND HE DEATH BUT N SE OR CONDITION C	It meens the dish coused deeth.) CAUSES  ONS, if ony, use (A) stoling I lost.  OITHONS CONTRIINOT RELATED TAUSING IT.	e.g., DUE TO Arte  (B) Dise DUE TO  (B) DISE OF THE  BUTING OF THE  FOR WHICH OPERATION	ase with Corona; nd Angina Pector	y Insuffici	iendy 1/8/61		
DISEA TISE UNDE UNDE UNDE UNDE UNDE UNDE UNDE UND	oilure, osthenio, etc. or complication which  ANTECEDENT  SES OR CONDITION to the obove county RLYING CONDITION  SIGNIFICANT COND HE DEATH BUT N SE OR CONDITION C	If meons the dish coused deoth.  CAUSES  ONS, if ony, use (A) stoling to lost.  OITHONS CONTRIENT RELATED TAUSING IT.  198. CONDITION WAS PERFORMED  ERLYING SERVING S	e.g., Arte  (B) Dise  (B) Dise  (B) Dise  (C)  BUTING O THE  FOR WHICH OPERATION  None  [218, PLACE OF INJURY (e.g.,	ase with Corona; nd Angina Pector rity Onset Diab	etes    O   208. IF YES, WERE IN CERTIFYING C	1961		
DISEA TISE UNDE OTHER TO TO TO TO TO SEA DA DA DA DA DA OR CO OR CO	ANTECEDENT  SES OR CONDITION  IN THE PROPERTY OF THE PROPERTY	If meons the dish coused deoth.  CAUSES  ONS, if ony, use (A) stoling to lost.  OITHONS CONTRIENT RELATED TAUSING IT.  198. CONDITION WAS PERFORMED  ERLYING SERVING S	giving   ase with Coronal and Angina Pector rity Onset Diabo  20A. AUTOPSY? (Yes or N No in or about 21C. WHERE DID office bldg., INJURY OCCUR?	etes    208. IF YES, WERE IN CERTIFYING C	1961  E FINDINGS CONSIDERED AUSES OF DEATH?			
DISEATISE UNDE TO	ANTECEDENT  SES OR CONDITION  In the obove council of the obove council	It means the dich coursed death.) CAUSES ONS, if any, use (A) stoling I lost. ONTONS CONTRIL NOT RELATED TAUSING IT. 198. CONDITION WAS PERFORMED RELYING TO THE OF	giving The (C)  Solution  Go THE  FOR WHICH OPERATION  FOR WHICH OPERATION  Pone  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. INJURY OCCURRED  While Al Not Whork  At Work  Added the deceased fram	ase with Coronal and Angina Pector of An	TINSUMFRICE  TO 20B. IF YES, WERE IN CERTIFYING C  (If in Bollimo	1961  FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact location)		
DISEA rise UNDE  OTHER TO TO TO SEA 19 A. DA 21 A. AA OR COO DEATH (APPRO  22 A. SIG	ANTECEDENT  SES OR CONDITION  IN THE OF OPERATION  CCIDENT WAS UNDE NTRIBUTING CAUS  (notify medical examination)  (WE) last saw the condition of the condition	It means the dich coused death.) CAUSES ONS, if ony, use (A) stoling it lost.  DITIONS CONTRIL NOT RELATED TAUSING IT.  198. CONDITION WAS PERFORMED  ERLYING TO HOUR HOUR HOSPITAL AUGUST AUGU	giving The CO  Seose, Arte  (B) Dise  (B) DISE  (B) DISE  (B) DISE  (B) DISE  (B) DISE  (C)  BUTING O THE  FOR WHICH OPERATION  None  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While A1 Not Whyork  At Work  Added the deceased from Aug. 18  ave. (I) (We) (did) (did not)	ase with Coronal and Angina Pector of the period of the pe	The profici	1961  E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact (acotion)		
DISEA rise UNDE UNDE UNDE UNDE UNDE UNDE UNDE UNDE	ANTECEDENT  SES OR CONDITION  IN THE OF OPERATION  CCIDENT WAS UNDE NTRIBUTING CAUS  (notify medical examination)  (WE) last saw the condition of the condition	It means the dich coused death.) CAUSES  ONS, if any, use (A) stoling I lost.  ONTHONS CONTRIL NOT RELATED TAUSING IT.  TOTAL SING IT.  TOTAL STOLEN TO THE CONTRIL NOT RELATED TAUSING IT.  TOTAL SING IT.  TOTAL STOLEN TO THE CONTRIL NOT RELATED TAUSING IT.  TOTAL STOLEN TO THE CONTRIL NOT RELATED TO THE CONTRIL NOT TAUSING IT.  TOTAL STOLEN TO THE CONTRIL NOT TAUSING IT.  TOTAL	giving The CO  Seose, Arte  (B) Dise  (B) DISE  (B) DISE  (B) DISE  (B) DISE  (B) DISE  (C)  BUTING O THE  FOR WHICH OPERATION  None  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While A1 Not Whyork  At Work  Added the deceased from Aug. 18  ave. (I) (We) (did) (did not)	ase with Coronar  nd Angina Pector  rity Onset Diab  20 A. AUTOPSY? (Yes or N  No  in or about 21 C. WHERE DID  office bldg., INJURY OCCUR?  21 F. HOW DID IN  ille  19 67 and t  view the bady after death.  tending  Med. pirector  123D. ADDRESS  209 S. Chest.  Builtimore	TINSUMFRICE  TO 208. IF YES, WERE IN CERTIFYING C  (If in Bollimo  JURY OCCUR?  19 61 to December 1 (aur.) ap.  Stoff Phys.   Prys.  21231	1961  E FINDINGS CONSIDERED AUSES OF DEATH?  One City, give exact (aconon)  Ember 11 19 67  Dinian death accurred an the		



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	HEALTH DEPARTMENT	V	
BIRTH NO. M.E. CASE NO.	1944 CERTIFICA	TE OF DEATH	Registered Na.	6/ 11944
TI, NAME OF DECEASED (Type or Print) WILLIAM M. L	EARY (LARRY)	(LOWERY) 12	10 HOUR OF DEATH	5 30 M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	/ ~	A. STATE 8. COUN	re deceosed lived. If institu ITY	tion: residence before admission)
FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or location) INSTITUTION	tion, give street	C. CITY OR TOWN (IF OU	tside city fimits, write RUP	AL and give thems (iv)
33,		BAL, TIMORY	rural, give location)	1-03
JOHNS HOPKING	SHOSPHAL	814 NO Da	CHAM STI	
	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years If lost birthdoy)	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) 108, KIN	Widow	8-8-04	63	2, CITIZEN OF
done during most of working life, even if retired)	1			WHAT COUNTRY?
13. FATHERS NAME		Elizabeth C:	ME NOCO	
William Leary		Harriet Banl	KS	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give wor or doles of sen	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	239-16-5401 CAUSE OF		es 814 N. Dr	rham Street
DISEASE OR CONDITION DIRECTLY			Coming	ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying,	e.g., DUE TO	roncho senic	caremoma	
heart failure, asthenia, etc. It means the dis injury or complication which coused death.)	eose,			
ANTECEDENT CAUSES	(B)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
DISEASES OR CONDITIONS, if ony, g rise to the obove couse (A) stoting UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	Yes or No	20B. IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Baltimore Ci	ty, give exoct locolian)
21D. TME (Month) (Doy) (Year) (Hour)  F INJURY		21F. HOW DID INJ	URY OCCUR?	
(APPROX)	White At Not While At Work		-13	
that (N) (we) last saw the deceased alive	Dara dela 1.	~ ~~~		death accurred on the date
and haur and from the causes stated aba	411.00000000000000000000000000000000000	viid III	or in (pry) (our) opinion	a death accurred an the date
23A. SIGNATURE	21.1		23	B. DATE SIGNED
John ! The	Phys		Staff Phys.	Dec 12, 1967
23C. PHYSICIAN'S NAME (Type) John T. Flah		The Johns	Hopkins Hos	nital
24A. BURIAL CREMATION, 248. DATE 2	4C. NAME of CEMETERY OF CREATER			own, or county) (State)
Burial 12/17/67		Els	zabeth City	N.C.
25A. DATE REC'D BY HEALTH DET 67 208. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
VS 150-REV. 1/1/65		WM C MARCH	928 E. NOI	RTH AVE.

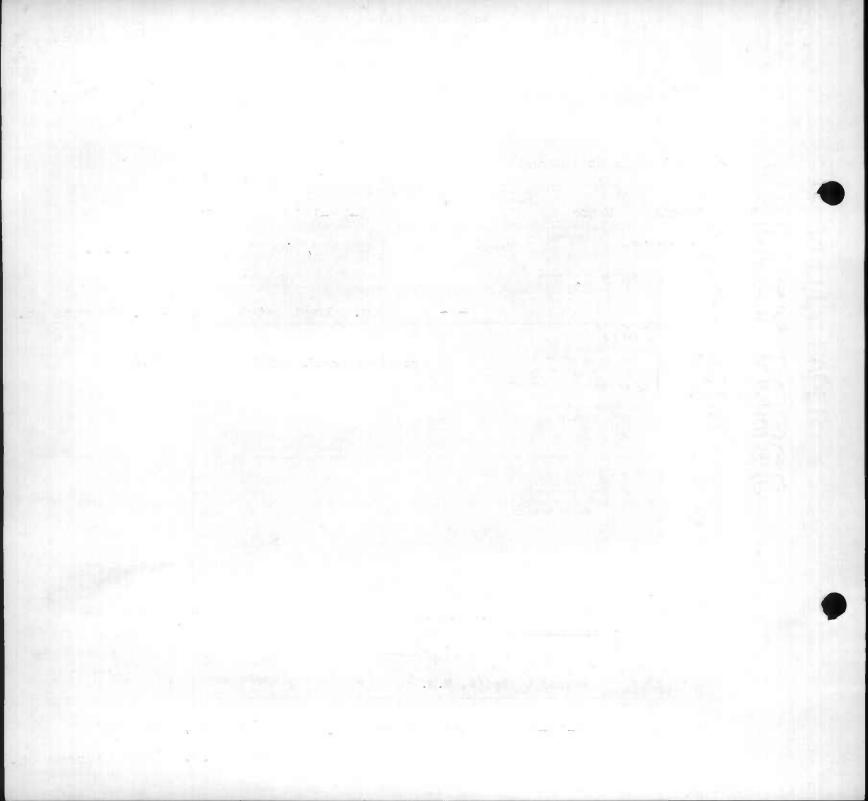
The world Br Merr 3 OHLA HORLING HISHUT BUY THOUGH STAND AC 5-Brandagen : Care - a the reason

ge to a second of the control of the control of the control of

.NA	ME OF DECEASED		TE OF DEATH Registered No.	1				
Туре	or Print) BROWN, RO	SE WILHELMINA	12/11/67	11:10 P. M.				
FU	ACE OF DEATH IN BALTIMORE, MARY  JUL NAME OF Office (If not in hospitol or oddress or locotion)  STITUTION	rinstitution, give street	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limit write RURAL and give fownship)					
1/	ST AGNES HOSPITA	A.I.	BALT I MORE 21223  D. STREET ADDRESS (If rurol, give locotion)					
-	JOI AGRES 11031 117	1 too		TREET				
F	EMALE WHITE	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARR IED	B. DATE OF BIRTH 01/08/96  9. AGE (In years lost birthdoy) 71	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
	USUAL OCCUPATION (Give kind of work) during most of working life, even if retired) Housewife	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARY LAND	12. CITIZEN OF WHAT COUNTRY?				
3. F	ATHERS NAME		14. MOTHER'S MAIDEN NAME					
	AUGUST WITZ	<u></u>	LENA FRANK					
5. W Yes, r	(os Deceosed Ever in U. S. Armed Force no or unknown) (If yes, give wor or dates	of service) 1 6. SOCIAL SECURITY NO.	ST AGNES HOSP. RECORD	Same ADDRESS AVES				
	DISEASE OR CONDITION DIRE	CAUSE O		INTERVAL BETWEEN ONSET AND DEATH				
1	(This does not meon the mode of a heart failure, asthenia, etc. It means t injury or complication which coused a	he diseose,	ete hiscardin Elason	l'a				
NO	heort foilure, osthenio, etc. II meons to injury or complication which coused of ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or its to the obove couse (A) is underlying CONDITION lost.	he disease, death.)  (B) DUE TO  DUE TO  AND COLUMN (C) A	diozenie Shock- ete Priocardial Sufaco -5 C. V. D.	<i>[</i>				
CATION	heorl foilure, osthenio, etc. II meons to injury or complication which coused to ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or itself to the above cause (A) of the UNDERLYING CONDITION lost.	he disease, death.)  (B)  DUE TO  DUE TO  ONTRIBUTING ED TO THE	20A. AUTORSY? (Yes or No) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?				
AL CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or complication which coused to anteced to the couse of the cou	he disease, death.)  (B)  DUE TO  DUE TO  ONTRIBUTING ED TO THE	20A. AUTOBSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C.	: : : : : : : : : : : : : : : : : : :				
MEDICAL CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or itself to the obove couse (A) is underlying Condition of the Death But not related to the obove couse (A) is underlying conditions conditions conditions conditions are detailed by the death but not related to the death but not r	he disease, death.)  (B) DUE TO  DUE TO  DUE TO  ONTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  DRMED  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	20A. AUTORSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C. To or obout 21C. WHERE DID (If in Boltimo injury occur?)	FINDINGS CONSIDERED AUSES OF DEATH?				
MEDICAL CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or isse to the obove couse (A) is UNDERLYING CONDITIONS COTO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  9A.DATE OF OPERATION 19B. CONDITIONS COTO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  9A.DATE OF OPERATION 19B. CONDITION CAUSING IT.  9A.DATE OF OPERATION 19B. CONDITIONS COTO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  9A.DATE OF OPERATION 19B. CONDITIONS COTO THE DEATH (notify medicol exominer)  DEATH (notify medicol exominer)  DEATH (notify medicol exominer)  2D. TIME (Month) (Doy) (Yeor)  PF INJURY APPROX.)	he disease, death.)  (B) DUE TO  DUE TO  DUE TO  DUE TO  ONTRIBUTING ED TO THE  UTION FOR WHICH OPERATION  DRMED  218. PLACE OF INJURY (e.g., inhome, form, factory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  White At  Not Whill  Work  attended the deceased from Di  alive on DECEMBER 11	20A. AUTORSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  TO City, give exact location)  CEMBER 11. 19 67				
MEDICAL CERTIFICATION  To the state of the s	ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or itse to the obove couse (A) sunderlying Condition lost.  II  OTHER SIGNIFICANT CONDITIONS COUNTY OF THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  9A. DATE OF OPERATION 19B. CONDITIONS COUNTY OF THE CONTRIBUTING CAUSE OF CONDITION CAUSING IT.  PA. ACCIDENT WAS UNDERLYING DEATH (notify medicol exominer)  PET D. TIME (Month) (Doy) (Yeor)  PET D. TIME (Month) (Doy) (Yeor)  APPROX.)  12. I certify that (I) (this hospitol)  that (I) (we) last sow the deceased and hour ond from the couses stote and the couse of the couse and the couse of the couse and the couse of the cou	DUE TO  ONTRIBUTING ED TO THE  STRING FOR WHICH OPERATION  PAMED  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  While At Not While At Work  attended the deceosed from Dialize on DECEMBER 11  and above. (1) (We) (did) (did not) verification.  ALLEGICA  M.D. Attended Phy	20A. AUTOBSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C.  The or about 21C. WHERE DID (If in Boltimo fice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  ECEMBER 10, 19 67 to DE 19 67 and that in(my) (our) apriew the body ofter death.	FINDINGS CONSIDERED AUSES OF DEATH?  TE City, give exoct locotion)  CEMBER 11. 19 67				
MEDICAL CERTIFICATION	ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or isse to the obove couse (A) is UNDERLYING CONDITIONS COTO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  9A.DATE OF OPERATION 19B. CONDITIONS COTO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  9A.DATE OF OPERATION 19B. CONDITIONS COTO CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21.D. TIME (Month) (Doy) (Year)  DETAIL (1) (This hospital)  12. I certify that (1) (this hospital)  13. I certify that (1) (this hospital)  14. I certify that (1) (this hospital)  15. I certify that (1) (this hospital)  16. I certify that (1) (this hospital)  17. I certify that (1) (this hospital)  18. I certify that (1) (this hospital)	DUE TO   20A. AUTORSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C. IN CERTIFYING	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  CEMBER 11., 19 67.  Initial and the dot are signed.					

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		ER'S CERTIF						
NAME OF DECEASED			12.04	TE AND HOUR D	- CALCULA GEO	0540		
ype or Print)	G) (TMI)			TE AND HOUR P			6 35 4	
CATHERINE PLACE IN BALTIMORE, MARYLAND, W	SMITH HERE PRONOUNCED DEAD	D 4. USUA	AL RESIDENCE	December Where deceosed li	12, 196 ived. If institut	ion: reside	6:15 A.	M.
		A. STAT	Maryland		B. COUNT			3010111
OSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE			outside corporate	limits, write RI	URAL ond	give township)	
ISTITUTION			Baltimo	re		1	0-07	
2537 W. Fayette St	reet	D. STRE	D. STREET ADDRESS (If rurol, give location)					
				Fayette S	treet			
Female Negro	7. MARRIED, NEVER MAR WIDOWED, DIVORCED (SP MARREED	pecify)	OF BIRTH	lost bir	(In years thiday)	If Under 1 Months D	Yr. If Under 2	4 Hrs. Min.
A. USUAL OCCUPATION (Give kind of wor	k 10 B. KIND OF BUSINESS C					2. CITIZEN	OF COUNTRY?	
Housewife	Home	CHE	RAW. S	OUTH CAF	ROLINA		S.A.	
FATHER'S NAME		14. MOTI	HER'S MAIDEN	NAME				
JOHN R. BI	RIDGES			AGGIE BE	RIDGES			
WAS DECEASED EVER IN U.S. ARMED es, no or unknown) (If yes, give wor or dote	of service) 16. SOCIAL SECURITY				A	DDRESS		
	-0-	Mr.	Floyd	Smith	2537	W. E	ayette	St
1B.		CAUSE OF DEA	TH				NTERVAL BETWO	
DISEASE OR CONDITION DI	RECTLY					1	DASEL AND DE	AIR
(This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which caused	s the discose, deoth.)	E TO		ardiovasc				
ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	S (B)	UE TO						77070070
ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	S (B) ANY, GIVING DU TATING THE	UE TO						7770 0070
ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	S (B) ANY, GIVING DI TATING THE (C).  CONTRIBUTING LATED TO THE	UE TO						
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BALTIMORE CITY HEALTH DEPARTMENT 67 11948 Registered No.\_ CERTIFICATE OF DEATH BIRTH NO Such M.E. CASE NO. Dec 10. 1967 I. NAME OF DECEASED (Type or Print) SARAH POWELL death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE FULL NAME OF (If not in hospital or institution, give street MARYLAND oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION 0 BALTIMORE D. STREET ADDRESS (If rurol, give location) 604 Cherry Crest Road 604 Cherry Crest Road 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy Hours Nov 28, 190 N. WIDOWED F. 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) BOYKINS, VIRGINIA U.S.A. HOUSEWIFE HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SALLIE POWELL JULIUS POWELL 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 635 Hillvill Mrs. Virginia Baskerville CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME 21E. INJURY OCCURRED (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an 5 lala 1941 19 ond that in (my) (aur) opinion death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending X Med. Director Stoff Phys. Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS

24A. BURIAL CREMATION, 24D. LOCATION (City, town, or county) REMOVAL (Specify) Maryland Baltimore, Mount Auburn Cem. 12-13-67 BURTAL NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DERT 25C. FUNERAL DIRECTOR ADDRESS & DYETT F.H. 1701 Laurens MORTON St VS 150-REV, 1/1/65



67 11949

## 67 11949 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. C	ASE NO.										
1. NAA	ME OF DEC	CEASED	V.				2. DATE AND	HOUR PRONOUNC	CED DEAD		
(Type o		F	ELLA	JOHNSON			Decer	mber 11, 19	967	12:30	n M.
3. PLA	CE IN BALT	IMORE MARY				4. USUAL RES	SIDENCE (Where of	leceased lived. If ins	stitution: resid	dence before o	admission)
						0. 31015	Maryland		01411		- Marie California
HOSPIT	AL OR	ADDRESS	OR LOCA	TION)	JTION, GIVE STREET	C. CITY OR T		corporate limits, writ	e RURAL or	nd give towns	aiph
INSTITU	TION						D - 1 - 4 -		12		)
()	U					D. STREET AD	Baltin			~	
	431	E. LaFa	yette	St.							
5. SEX		6. RACE		7 AA A PRIED	NEVER MARRIED	8. DATE OF BI	431 E. La	9. AGE (In years		1 Yr. If Unde	or 24 Hrs
J. 3LA		o. KACL			DIVORCED (specify)			last birthdoy)	Manths	Days   Hours	
	nale	Color		Wi	Ldow	2-22-		67			
		UPATION (Give )		108 KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or foreign	country)	12. CITIZI	EN OF T COUNTRY?	
	Housew		i ir remred)			Baltimore Maryland U.S. 8					
	HER'S NAM					14. MOTHER'S	MAIDEN NAME	yland			
	Tonas	Wetlede -				A					
		Watkins D EVER IN U.	S. ARM ED	FORCES?	16. SO CIAL	17. INFORMAN	a Anderso	0	ADDRESS	3	
	orunknown	(If yes, give v			SECURITY NO.						
	no				218-01-58700	Mrs.	Blanche M	. Davis 43	1 E. L.	afayett	e Av-
1B.	11.12	20.1			CAUSE	OF DEATH				INTERVAL B	
	DISEA	SE OR COND	ITION DU	ECTI V						OHSET AND	DEATH
	DISEA	LEADING T	O DEATH	RECILI	Arte	rioscle	rotic Care	diovascular	Dise	ase	
	(This does	not meon the	mode of	dying, e.g.,	DUE TO						
	injury or co	, osthenia, etc. mplication whic	h coused	death.)							
		OR CONDITION			(B)	~~~~~~~~					
	RISE TO TH	E ABOVE CAL	JSE (A) ST	ATING THE	DUE TO						
	UNDERLYII	NG CONDITIO	ON LAST.		(C)						
ó-	(C)										
CERTIFICATION	OTHER SIG	NIFICANT CO	PADITIONS	CONTRIBUTE	NG						
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UN	DERLYING	OR CONTRIB		21 B.	PLACE OF INJURY (e.g., form, foctory, street, o	in or obout 21 C office bldg., INJ	URY OCCUR?	f in Boltimore City, g	give exoct lo	ocotion)	
E UT	ING CAU	SE OF DEATH	•	etc.)							
211	TIME	(Month) (D	oy) (Yeor	(Hour) 2	TE. INJURY OCCURRED	21 F.	HOW DID INJU	RY OCCUR?			
	PPROX.)				WHILE AT NOT	WHILE					
				m. \	WORK AT W	ORK					
22.	l cer	tify that I he	ld on li	ngulry 🗌	Inspection X Aut	opsy	ond that on this	s bosis, deoth In	my opinio	n	
		land Come No		X	Suited States						
	resulted from: Notural couses Accident Suicide Homlaide Undetermined monner										
CHIEF MEDICAL EXAMIN								DATE SI	GNED		
	SIGNATURE WASSISTANT MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMINER										
	EXAMIN		-		Y	ASSOCIATE	MEDICAL EX	AMINER			
	NAME (	Type)	Edward	F. Wil	lson, M.D.			D	ecembe:	r 11. 1	967
	URIAL CRE	MATION, 23E	A DATE	23	C. NAME of CEMETERY o	CREMATORY	23 D. LC	CATION (Cit	y, town, ar	county)	(State)
	VAL (Specif		12-15	-67	Mt. Calvary C	emetery	Δ	.A. Co., Ma	rvl and	4	
34A B	urial	BY HEALTH	DEPT		OF REGISTRAR						
2470. 0					a file on	2401 1014	THE DIRECTOR	1735 Harfor	d Ave	Z1Z13	
	U	EC 13 1	967 (	blew 5	E. Farleyna	Ma	arshall w	Jones, Jr			
				1			TIME IN	oones,			

216-31-7 730 Mrs. Planein M. Paris Wil . "at rected in

S. godin

L-220 BALTIMORE CITY HEALTH DEPARTMENT 67 11950	
BIRTH NO. CERTIFICATE OF DEATH Registered No.	
I. NAME OF DECEASED	
(Type or Print)  ANNA L LUCAS  DEC 11 1967 1:40 P.  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissi	, M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissingly and the state of th	on)
FULL NAME OF HOSPITAL OR oddress or location)  INSTITUTION  (If not in hospital or institution, give street oddress or location)  C. CITY OR TOWN (If outside city limits, write RURAL and give bwnship)	-
BALT MORE  D. STREET ADDRESS (If rural, give location)	
6305 EVERALL AVE. 6305 EVERALL AVE.  5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr.   If Under 24 F	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lif Under 1 Yr. If Under 24 F WIDOWED, DIVORCED (specify) lost birthday) Months; Days Hours; Min.	
FEMALE CAUCASIAN NEVER MARRIED FEB 12,1918 49  10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	,
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	
MACHINIST KOPPERS CO. BALTO, MD. U.S.A.	
13. FATHER'S NAME	
LAWRENCE LUCAS MARCELLE MIKIAUSKI	
LAWRENCE LUCAS  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS	
.3 /2	106
NO 216-69-4486 NELLIE HEDLER 6305 EVERALLY  CAUSE OF DEATH  INTERVAL BETWEEN	100
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., heart failure astheria etc. It means the disease	
heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES  (B) Compileration which coused death,)	
(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the	
rise to the above couse (A) sloting the UNDERLYING CONDITION lost.	
7 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	_
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locotion) home, form, factory, street, office bldg., INJURY OCCUR?	
DEATH (notify medical examiner) etc.)	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.)  While At Not While At Work  At Work	
22. I certify that (1) (this haspital) attended the deceased from 1967 to Dec. 11	7
that (1) (we) lost sow the deceased alive on Dec 11 1967 and that in (my) (our) opinion death occurred on the d	
ond hour and from the couses stated above. (1) (We) (did) (did nat) view the body after death.	
23A. SIGNATURE 23B. DATE SIGNED	
Frankey In keed of M.D. Attending to Med. Director Phys. 12.67	
23C. PHYSICIAN'S NAME (Type)	
	7
STANLEY ANKUDAS M.D. 1101 MAIDEN CHOICE LANE, BALTO  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole	)
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS	_
BURIAL 12/14/67 HOLY REDEEMER CEM. BALTO, MD.  25A. DATE REC'D BY HEALTH DEPT. / 258. NAME OF REGISTRAR  DEC 13 1967 Roberto E. Johnson DIPPEL BROTHER'S INC. BALTO. MD.  VS. 150-BEY 1/1/45	RU
VS 150-REV. 1/1/65	=



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M-62	35 07	BALTIMORE CITY	HEALTH DEPARTMENT	67 11952
BIRTH NO.	01.	11952 CERTIFICA	TE OF DEATH Registered No	OF LIOUR
M.E. CASE NO.		CERTITICA		
Type or Print)			2. DATE AND HOUR OF DEATH	.015 F.V. = -
E.	STELLA EVE	LYN MARTINI	December 11,	1967 5:45 PM.
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceosed lived, II ins	titution; residence before odmission)
			A. STATE B. COUNTY	
FULL NAME C	F (If not in hospital	or institution, give street	MARYLAND	
HOSPITAL OR	oddress or location	n)	C. CITY OR TOWN (II outside city limits, write R	URAL ond give (ownship)
1			BALTIMORE	6-01
A. NICA	MENDR! A	L HOSPITAL	D. STREET ADDRESS (If rural, give location)	
0 10 10 10	M ENOW!	C /ICC III	2907 ORLEANS STA	REET
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
- C	o. KACL	WIDOWED, DIVORCED (specify)	كالماء الماماء	Months Doys Hours Min.
		WIDOW	02-24-14	
OA. USUAL OCC	UPATION (Give kind of world	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	working life, even if retired)		#1 # O 11 O 11	WHAT COUNTRY?
3%	DERONE Housew	ife	MARYLAND	AMERICAN
3. FATHERS NA	ME		14. MOTHER'S MAIDEN NAME	
		0.5/	Tulia Con-	
20	HN J. C	OX	JULIA FIRST	
5. Wos Deceosed	Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT	ADDRESS
	1) (If yes, give wor or dote	214-34-4175	Mrs. Carolyn Trimble, Botto	m Dd Urrda Wd
No			ing. outorate it mente booke	a na. nyae, ma.
1B. Z	1 1 1	CAUSE O	F DEATH	INTERVAL BETWEEN
00	SE OR CONDITION DI	RECTIV		ONSET AND DEATH
DISCA	LEADING TO DEATH		ATUS EPILEPTICUS	
(This does		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	MIND ELITERITION	
	not mean the mode of asthenia, etc. II means			
	nplication which caused	death 1	-1	
	ANTECEDENT CAUSES	(B) HE	PATIC COMA	
		DUE TO		
	OR CONDITIONS, if		ENNEC'S CIRRHOSIS	_
	e above cause (A)	stating the (C)	ENNEC? CIMICHOST	<b>&gt;</b>
UNDERLYIN	G CONDITION lost.		Up la CON-V.	
	- II		A Alexander	
OTHER SIGN	IFICANT CONDITIONS	ONTRIBUTING		
	EATH BUT NOT RELA			
U TOA DATE OF	CONDITION CAUSING	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F	INDINGS CONSIDERED
19A. DATE OF	WAS PER		A - IN CERTIFICAL	JSES OF DEATH?
2			YES IN CERTIFIED CALL	
U 21A. ACCIDE	NT WAS UNDERLYING [ UTING [] CAUSE OF	21B. PLACE OF INJURY (e.g., i		City, give exact location)
DEATH fnotify	medical examiner	home, lorm, foctory, street, or	mice blog., INJURY OCCUR!	
U	incorcor exominen			100
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY		While At Not Whil		
		Work L At Work		
22. 1 certify	that (1) (this haspita	I) attended the deceased from	cember 7. 1967 to Dec	ember 1/1967.
11 (1)	Manager of the second	December	11, 1967 and that in (my) (aur) apir	
that (I) (we	) lust saw the deceas	ed drive on Decree	and that in (my) (aur) apir	nian deoth accurred an the date
and have an	d fram the causes sta	ted abave. (1) (We) (did) (did nat) v	view the bady after death.	
23A. SIGNAT	1 4 4	10	<u> </u>	23R DATE SIGNED
20.4.01014	4 Daysol A	1eV=	A Bot See Short	December 11,1867
	Latina	M.D. Atte	ending Med. Stoff Phys.	Description
23C. PHYSICIA	AN'S MILE C		23D. ADDRESS UNION MEMORIA	4 Haspital
NAME (	Type/		THE UNION MEMORIAL	HOSPITAL"
DF	MIGUEL SA	NCHEZ PALACIOS M.D.	THE ORTOR HERIORIAL	
	MATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (Cit	y, town, or county) (State)
REMOVAL	(Specify)	44		
Buria	1 12/15/	67. Gardens Of Faith	Cemetery Baltimore,	Md.
25A. DATE RECT	BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 1	3 196/ (17.0%	Mr E Starker M. B.	Leonard J. Ruck, Inc. B	alto, Md. 21211
	47000	40	1100	
VS 150-REV. 1/1/	65			

2744-1-44

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UNION MEMORY PL HOSP THE

2907 ORLEANS STREET

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DOWE - WATE

MARYLAND ARESENS

JOHN J. COX

TULIA FIRST

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December 11, 67 December 11 57

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C)	ribi nine gula
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Z	d; (c)
<b>LTA</b>	sister the kin decence ina
Ö	if if if any ced dar
M	of of the tree
**	o re rong
FUNERAL DIRECTOR: IMPORTANT	pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the sand (6) No physician was in regular attendance on the electron of the electr
ECT	Xar Kam A f Wh Vh
SIR.	ale (3) (3) ins
7	dica dica urns ysic wa
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	st based as be spined as burst nust
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	An a at ar
	A De
	ws: ws: D.G
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-623	BALTIMORE CITY	HEALTH DEPARTMENT		67 11953
BIRTH NO.	953 CERTIFICA	TE OF DEATH	Registered Na.	36 11000
TANALE OF DECEASED			HOUR OF DEATH	
(Type or Print)	0			1 1 1 1
Hlorence	G 2004 D	2-	11 - 67	tution: residence before odmission)
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If insti	tution: residence before odmistion)
FULL NAME OF (If not in hospital or institu	tion, give street	C. CITY OR TOWN (If outs	ide city limits write PII	RAI and give Manufation
INSTITUTION				21-04
6 Franklin Square	Hoes	D. STREET ADDRESS (IF TO	ural, give location)	
DITANKIIN SIGN			sekemb	Ave
5. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female white	bopowoodk Widow	11-3-04	63	
10A. USUAL OCCUPATION (Give kind of work 10B, KfN done during most of working lile, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		ITALY		u s
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	\E	
TOHN CARETT	1	LOUISA	CARRI	Ti
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS
No No	SECURITY NO.	Mang Bocket.	ee	F. S. H
1B. 1 - 7 / X	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				ONSEL AND DEATH
LEADING TO DEATH	(A) ME	Japlatic lu	re la	
(This does not mean the made of dying, heart lailure, asthenia, etc. It means the dis	e.g., DUE TO	<b>18 a<sup>rg</sup>g</b> a.m. m. Person week 2000 000 000 000 000 000 000 000 000 0	1	
injury or complication which caused death.)		1 0	0	
ANTECEDENT CAUSES	(B)	erms ca		4 years
DISEASES OR CONDITIONS, if any, g	501.0			
rise to the above cause (A) stating UNDERLYING CONDITION last.		**************************************		10. 1000 0 mild de 3 de 6 0 de 4 0 0 0 de 5 0 0 de 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
11				
O OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
I E I IO I I E DEATH BUT NOT KELATED IN	THE			
DISEASE OR CONDITION CAUSING IT.	EOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20R IF YES WEDE FIL	NDINGS CONSIDERED
198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	ZOA. AUTOPST: TIES OF NO	IN CERTIFYING CAUS	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(II in Baltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)	Miles Stage, Itto II		
21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY	While At Not Whi	te 🗀		
(APPROX.)	Work At Work			
22. I certify that (I) (this hospital) attend				12-11 1969,
that (I) (we) last saw the deceased alive	on 2-1	19 <u>6</u> )and tha	nt in(my) (aur) apini	on death accurred an the date
and haur and from the causes stated aba	ve. (l) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURE			/	38. DATE SIGNED
Dankad de	M.D. All	ending Med.	Stoff V	11=11=67
23C. PHYSICIAN'S	C Pri	23D. ADDRESS	Phy s.	12-11-67
NAME (Type)		5 10		. 5 4
Sang Bock Le		- ranblin	egiane	HASP
PEAAOVAI (Specify)	4C. NAME of CEMETERY of CE		CATION	, town, or county) (State)
Burial 12/15/67.	Holy Redeemer C	emetery	Baltimore, 1	id.
25A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
DEC 13 1301 (1909)	Jankey MA	Leonard J. Ruc	ck, Inc. Balt	o.rd. 21214

A product of the second of the second en appeared that decreased the showing TIBLE? AREBUL ITTERNO AROT A STATE OF THE STA Mary - the in the in the

	C-155 BALTIMO	ORE CITY HEALTH DEPARTMENT						
	BIRTH NO. 67 11954 CERT	IFICATE OF DEATH Registered No. 67 11954						
	Type or Print)  Evelun L. Chapman	Dec. 11,1967 1/20 P						
	B. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY						
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore						
9	2909 Berwick Ave.	D. STREET ADDRESS (If rurol, give locotion) 2909 Berwick Ave.						
E	female white 7. Married, Never Married to See widowed to widowed widowed	ED B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. , If Under 24 Hrs.						
disposition is	NA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR I done during most of working life, even if retired) Houseur Le	New York  11. BIRTHPLACE (Stole or foreign country)  New York  12. CITIZEN OF  WHAT COUNTRY?						
posi	13. FATHER'S NAME Nicholas Villone	14. MOTHERS MAIDEN NAME Pia Cervelli						
dis	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS						
final	(Yes, no or unknown) (If yes, give wor or dotes of service)  NO  SECURITY N							
ed or	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does nal mean lhe made af dying, e.g., heall failure, aslhenia, etc. ft means lhe disease,	My Cade Interval Between onset and Death United August 1988						
embalm	injury ar camplication which coused death.)  ANTECEDENT CAUSES	to perleasing CVD						
1s are	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the UNDERLYING CONDITION last.	d alisables						
the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Jun Gordon Grand						
e the	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	TION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
before		JURY (e.g., in or about 21 C. WHERE DID (If in Baltimore City, give exact location), street, office bldg., INJURY OCCUR?						
ained	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU While At	Not While						
be obta	22. I certify that (I) (*** heeptrat) attended the deceased fram 1967 and that (I) (***) last saw the deceased alive an 1967 and that fn(my) (967) apinian death accurred an the date							
ts !	and haur and fram the causes stated above. (1) (1) (did) (d	did nat) view the bady after death.						
al mu	My all a Charles de	M.D. Attending Med. Director Phys.   23B. DATE SIGNED   23B. DATE SIGN						
pprov	DAME (Type)  NAME (Type)  NAME (Type)  NAME (Type)	M.D. 3009 EVERGNEEN AVE 2/2/4						
	24A. BURIAL CREMATION, PARENCE 12/16/67, Mt. Paran							
written	DEC 13 1967 Pour & Failer M.	Leonard J. Ruck, Inc Baltimore, Md.						
	vs 150-REV. 1/1/65							

The second secon

2 (4)

the statement of the same

	Y HEALTH DEPARTMENT 67 11955					
MRTH NO. 67 11955 CERTIFICA	ATE OF DEATH Registered No.					
A NAME OF OFFICE OF OFFI	2. DATE AND HOUR OF DEATH					
WILLIAM DROSCICE	rris) DEC. 12, 1967 8:50 A.M.					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND CHURCH HOME + HOSPITAL	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY					
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, wite RURAL and give township)					
BALTO, MD 21231	BALTING PE 21225					
35	D. STREET ADDRESS (If rurol, give locotion)  21/ 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
5. SEX 6. RACE 7. MARRIED. NEVER MARRIED	R DATE OF BIRTH IN AGE (In years I If Under 1 Vs. If Under 24 Mar.					
WIDOWED. DIVORCED (specify)	3-14-95 42					
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRI   done during most of working life, even if retired)	Y 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?					
Hous ewife	MARGLAND US					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
WILLIAM HERER RITZ	JEANNIE HARR					
15. Wos Deceased Ever in U. S. Armed Forces?   16. SOCIAL   (Yes, no or unknown) (If yes, give wor or dotes of service)   SECURITY NO.	17. INFORMANT ADDRESS					
No	Mr. Roland Broseker (Same)					
3 / 8 ^	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and le aire applie					
(This does not meon the made of dying, e.g.,  (A)  DUE TOP	emornage que					
heart foilure, asthenio, etc. It means the disease, injury or complication which caused death.)	matine leastailure					
ANTECEDENT CAUSES (B)						
DISEASES OR CONDITIONS, if ony, giving						
rise to the above cause (A) stating the (C)						
11						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
A   DISEASE OR CONDITION CAUSING II.						
	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?					
OR CONTRIBUTING CAUSE OF home, form, foctory, direct,	once stog, INJURI OCCUR:					
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
(APPROX.) While At Work At Work						
22. I certify that (I) (this haspital) attended the deceased from	19 to 19					
that (1) (we) last saw the deceased alive an						
and haur and from the causes stated above. (1) (We) (did) (did nat) view the body after death.						
23A. SIGNATURE	23B. DATE SIGNED					
M.D. A	Itending Med. Stoff Phys. 9 12-12-67					
23 C. PHYSICIANS Dr. S. MORRISON	23 D. ADDRESS					
Dr. R. SHIPLEY M.C	Church Home & Hospital					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C						
Burial 12/16/67. Oak Lawn Cemet	Baltimore, Md.					
DEC 13 1967 Republic Standard Registran	Leonard J. Ruck, Inc. Balto, Md. 21214					
VS 150-REV. 1/1/65						

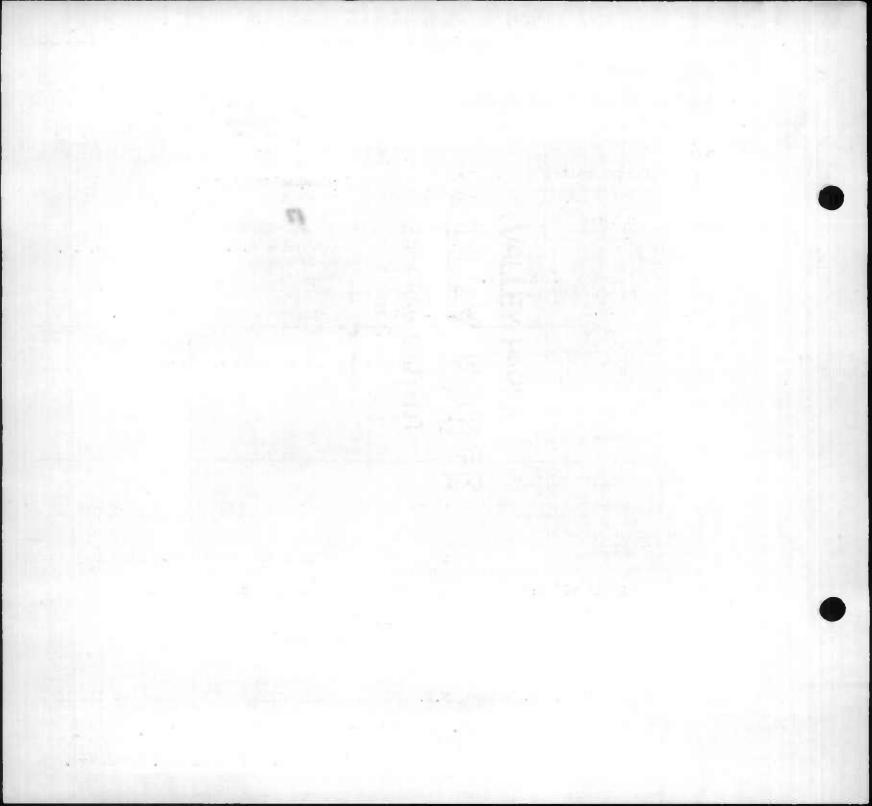
BANTE, 1997 STAND 30A 20 114 9-14-95 72 MARHAMAD JEANNIE HAPR HECK MILLIAM t-water to Honorhage galute Paymont teatfalour Matricial made 11-37-67 MOTISTOTT DA R SHIPLEY

H-200

67 11956 BALTIMORE CITY HEALTH DEPARTMENT .

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Na. 67 11956

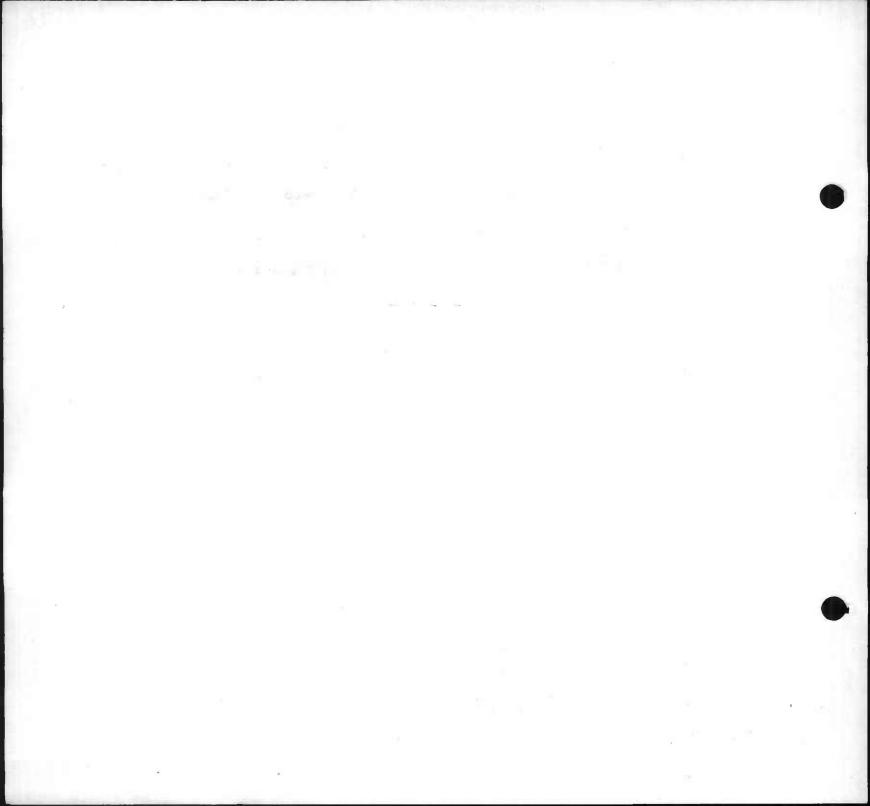
BIRTH NO.	MED	ICAL EX	AMINER 3 CI	EKTIFICATE OF L	JEA I IT Registe	red Nd.		
M.E. CASE NO.								
1. NAME OF DECEASED	•			2. DATE AND HOUR PRONOUNCED DEAD				
	HN HAYS		WATER STATE	Decem	ber 11, 196	7   2:30 a m.		
3. PLACE IN BALTIMORI	, MARTLAND, W	HERE PRONOU	INCED DEAD	A. STATE	B. COU	itution: residence before admission)		
FULL NAME OF (II	NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Maryland .		RUBAL		
FULL NAME OF (IF HOSPITAL OR A INSTITUTION	DDRESS OR LOCA	ATION)			e corporote almits, white	KOTAL ON GIVE IOWISHIP		
29				Baltimore	A STATE OF THE PARTY OF THE PAR	5-01		
Provident	t Hospital			D. STREET ADDRESS (If rural,	give location)			
				1901 Wheeler				
5. SEX 6. RA	CE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours, Min.		
Male Co	lored	Divo		12/17/17	49			
IOA. USUAL OCCUPATIO	ON (Give kind of wor	NOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?		
done during most of working Waiter	life, even if retired)		Hotel	Washington	D.C.	U.S.A.		
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAM				
C	harles W.	Hays Sr	•	Hermine H	Harlow			
15. WAS DECEASED EVE	R IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT		ADDRESS		
Yes, no or unknown) (If yes	s, give wor or dote	es of service)	218-07-3947	Mr Charles Hays	1001 Whool	er Ave.		
					Tyor wifeer			
1B.	2 1		CAUSE	OF DEATH		ONSET AND DEATH		
DISEASE OR	CONDITION DI	RECTLY						
(This does not me heart foilure, asthe			(A) Sta	b wound of the n	eck and back	<u> </u>		
heart failure, asthe	nio, etc. It meons ion which coused	the discose.	500 10					
	ANTECEDENT: CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO							
RISE TO THE ABO	VE CAUSE (A) S		DUE TO					
UNDERLYING CO	ONDITION LAST.		(C)					
<u> </u>	11							
OTHER SIGNIFICA	NT CONDITIONS							
DISEASE OR CON	H BUT NOT RE		HE					
OTHER SIGNIFICATO THE DEAT OF THE DEAT DISEASE OF CONTROL OF OPER OPER OF OPER OPER OPER OPER OPER OPER OPER OPER			WHICH OPERATION	20A. AUTOPSY? (Yes or No)				
· · · · · · · · · · · · · · · · · · ·	WAS PER	FORMED			IN CERTIFYING CAUS	SES OF DEATH?		
21 A. EXTERNAL CALL UNDERLYING AOR OF	JSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, gi	ve exact location)		
UTING CAUSE OF	DEATH.	etc.)	Bar			. Pink Pony Bar		
E 21 D TIME (Mor	ith) (Doy) (Yeo	r) (Hour) 2	IE. INJURY OCCURRED	21F, HOW DID INJU				
OF INJURY (APPROX.) 1:			VHILE AT TO NOT	WHILEKT Subject	stabbed in	har room		
22.	2 10 07	0.00pm. v	VHILE AT NOT YORK AT W	WHILE X Subject	Buabbea In	Dai Ioom		
	at I held an 1	nquiry	Inspection Aut	apsy 🗓 and that on thi	is basis, death in n	ny apinian		
resulted for	om: Natural ca	uses A	Suicident Suicide	e Hamicide X	Indetermined manne	er 🗌		
	1	10	111	CHIEF MEDICAL EX	AMINER -			
ACTUAL	MKE	and t	MI	ASSISTANT MEDICAL EX		DATE SIGNED		
SIGNATURE	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	M, D,	ASSOCIATE MEDICAL EX				
EXAMINER'S NAME (Type)		F Wil	son, M.D.	ASSOCIATE MEDICAL EX		ecember 11, 1967		
23A, BURIAL CREMATIC	N, 23B DATE	230	C. NAME of CEMETERY o	CREMATORY 23D. L		town, or county) (Stotel		
REMOVAL (Specify)	12/14	167	Balt. Nationa	1 Comotony Ra	ltimore CO.	MD		
Burial 24A. DATE REC'D BY HI			OF REGISTRAR	24C. FUNERAL DIRECTOR	TOTHOTO OO.	ADDRESS		
DE C	1 9 1007	A MAINE	A 98 M					
OEC.	7 9 1901 (	1 Lews	E, Farbey MA	Herbert E. N	Nutter 3035	W. North Ave.		
VS 151-REV. 1/1/65	7 7	12						



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	HEALTH DEPARTMENT		67 11957			
1	гн но. 67 1.1	957 CERTIFICA	TE OF DEATH	Registered No.	1100%			
1.1	M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print).							
	PLACE OF DEATH IN BALTIMORE, MARYLAND	WILEY	4. USUAL RESIDENCE (Whe	10 67  re deceased lived, If institut	tion; residence before admission)			
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) NSTITUTION		Md. L	BALTO CT	AL odd give township)			
	3 4 BON Secours H	OSBIAC	D. STREET ADDRESS (IF	rurol, give location)	6-00			
5.		RIED, NEVER MARRIED  WED, DIVORCED (specify)	7/25/1888		Under 1 Yr. If Under 24 Hrs. ponths; Doys Hours Min.			
	. USUAL OCCUPATION (Give kind of work 10B, KIN)  o during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Side or fore	ign country) 12	COUNTRY?			
dor		Home	ARKANSA:	S	U.S. A			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	/			
	Nathaniel Williams		Sarah Mad	lock				
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of servi	ce) 36. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
		214-56-2918-J	l Mrs Eula Ma	e Watts 2428 A	Auranah Ave.			
	18. 4 9 / XI	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Rr	rede muse	o Xa Oral	n day			
	(This does not mean the mode of dying,	e.g., DUE TO	Imonary a	40 1 ·				
	heort foiluse, asthenia, etc. It means the dise injury or camplication which coused death.)	ose, pre	emorary a	Ulletrass				
	ANTECEDENT CAUSES	(B)						
	DISEASES OR CONDITIONS, if any, gi							
	UNDERLYING CONDITION lost.	The (C)						
	11							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	JTING THE						
	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	o) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED			
CERTIFIC	WAS PERFORMED		YES	IN CERTIFYING CAUSES	OF DEATH?			
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID ice bidg., INJURY OCCUR?	(If in Boltimore Cit	y, give exact location)			
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJ	JURY OCCUR?				
2	(APPROX)	While At Not While At Work						
	22. I certify that (I) (this haspital) attend	ed the deceased from	M DECIO	1967 to 6	DEC 10 19 67.			
	that (I) (we) last saw the deceased alive	on I pro DEC			deoth occurred an the date			
	ond haur and from the causes stoted obav	e. (I) (We) (did) (did not) vi	iew the bady ofter deoth.					
	23A. SIGNATURE	M.D. Atte	nding Med.	Stoff 238	DATE SIGNED			
	23C. PHYSICIAN'S	Phys	Director	Phys.	10 67			
	NAME (Typ,e) SOO WOONS	. 18NG M.D.	BON SE	ROURS H	35717176			
24/	REMOVAL (Specify)	C. NAME of CEMETERY of CRE			own, or county) (Stote)			
	Burial 12/16/67	Rome Cemetery		Okolone Arka				
25/	DEC 13 1967	ub E. Lauke, M. II	Herbert E. 1	Nutter 3035 W.	North Avenue			
VS	150-REV. 1/1/65							



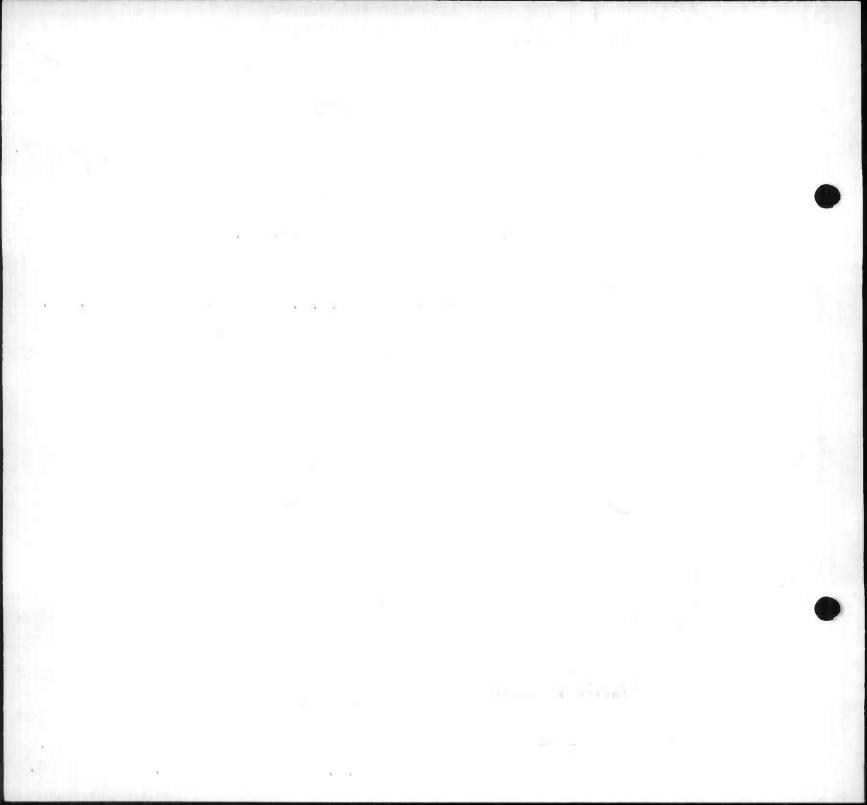
	1	1	4-125 67 11958 BALTIMORE CITY HEALTH DEPARTMENT Registered No.	67 11958
3	Ped Ped	S BIR	E. CASE NO.	
43	f death f death eceased on the	i mo	NAME OF DECEASED  2. DATE AND HOUR OF DEATH  12-11-67	10:45 р.м.
1 -		3.	PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceosed lived. If institu	tion: residence before admission)
7 2	hospi Jse o (5) D ance deat	100	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)  WXXXXX Maryland Ball C. CITY OR TOWN (If outside city limits, write RURA	Ltimore
1 r	cau cau use; tend	1	Baltimore	12-06
4 20	d in cau	H	The Johns Hopkins Hospital  D. STREET ADDRESS (If rurol, give locotion) 2850 N. Charles St.	
,	orticed ar	X 5.		Under 1 Yr., If Under 24 Hrs.
0	ntrib rmin egul ased	<b>₽</b> ¥	Male White Married 3-10-1901 66	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	co cete	do	ne during most of working life, even if retired)	2. CITIZEN OF WHAT COUNTRY?
	or con		Orthopedic Surgeon Medical Colorado	USA
	if dect (4) U (4) U the	٥١٠		
Z	dir.	U15.	George P. Hopkins  Ellen Guffey  Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (Iff yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	ADDRESS
TA	assistant if the di ny kind; id death ance on	·#(Ye	es,no or unknown) (Iff yes, give wor or doles of service)  No    SECURITY NO.	Above
IMPORTANI	if i if i iny ed dan	9	18. 44 DO 14 149 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
WP	his lso, of a unc ten	rlo	DISEASE OR CONDITION DIRECTLY	2 40
	A Por or o	· (1)	(This daes not mean the mode of dying, e.g., heart failure, osthenia, etc., it means the disease,	
S.	iner actuactual	.#	injury or camplication which caused death.)	
15	A fr	Exa	ANTECEDENT CAUSES  (B)  DUE TO  DISEASES OR CONDITIONS, if any, giving	
DIRECTOR:	exc exc (3) /		rise to the obove cause (A) stating the (C) UNDERLYING CONDITION last,	
0	dical dical rrns; rsicia was	- CO		
RAI	by by	ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	3 900,
UNER	Body Body the R	RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND IN CERTIFYING CAUSE:	SOF DEATH?
5	the dall by (2) lere o ph	450	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City Contribution of CAUSE OF	ty, give exact tocotion)
	pita re; whe No	a thu		
	hospite nature; ept wh d (6) N	WED!	OF INJURY  (APPROX.)  While At Not While Work  At Work	
	S X X E	70	22. I certify that (I) (this haspital) attended the deceased fram 700, 16 1967 to 700	ec 1/ 1967
	app to the of an all (e h); c		that (I) (we) last saw the deceased alive an	n death accurred an the date
	0 -		and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.	
	S D D D E	Non	A A A A A A A A A A A A A A A A A A A	B, DATE SIGNED
		35	23C-HYSICIAN'S 23D. ADDRESS	Dec. 12, 1967
	y was rely was rel(1) An acc		/ Joseph D. B. King M.D. 222 Cold Spring Lane,	Balto., Md.
	certificat body was /s: (1) An D.O.A. at assed pric		AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, the REMOVAL (Specify))	town, or county) (State)
	This cert the body shows: () was D.O deceased	9	Darial V J2-14-01 Woodlawn Woodlawn	Md.
	This certif the body shows: (1) was D.O./ deceased	100	25c. FUNERAL DIRECTOR  258. NAME OF REGISTRAR  25c. FUNERAL DIRECTOR  H. W. Jenkins & Sons Co. 4	
		1	\$ 150-REV. 1/1/65	

Comany Thursday 2 6: Yes No The It was to the the second

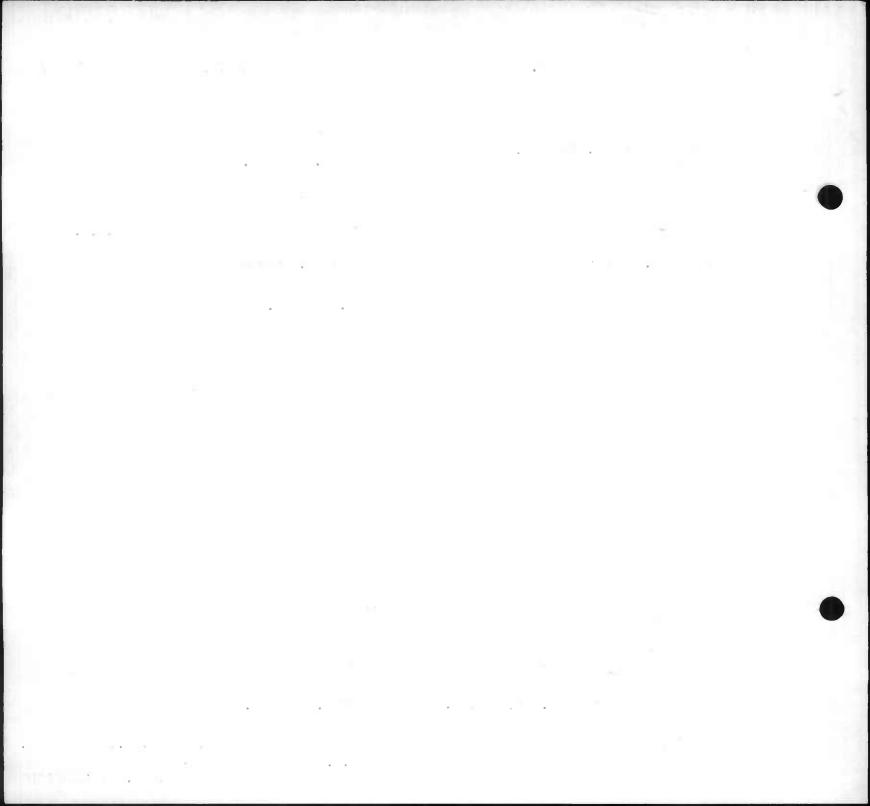
## FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

B-630 6	BALTIMORE CI	TY HEALTH DEPARTMENT	6	67 11959			
BIRTH NO.	7 11959 CERTIFIC	ATE OF DEATH	Registered Na	11 11000			
M.E. CASE NO.		2. DATE AND H	OUR OF DEATH	103/			
(Type or Print) ROLAND	H. BRADY JR		12-12-67 4 P.M.				
3. PLACE OF DEATH (IN BALTIMORE,	MARYLAND	A. STATE B. COUNTY	ceosed lived, If instit	ution: residence before admission)			
FULL NAME OF (If not in hosp HOSPITAL OR oddress or too INSTITUTION	ital or institution, give street ation)	C. CITY OF TOWN (If outside	city fimits, write RUR	RAL and give township			
137 m	/	Baltimore D. STREET ADDRESS (If rurol,	alua facation) 200	60-11			
Mercy H	spital.	-Chesoper	ke Mi	10 Milford Ave.			
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED (specify) Married	7-29-1889 9. A lost	GE (In years birthdoy)	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of done during most of working life, even if retir	work 10B, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign of	ountry)	12. CITIZEN OF WHAT COUNTRY?			
Executive	Petroleum	Baltimore, Md.		USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Hamilton Brady		Unknown					
15. Was Deceased Ever in U. S. Armed	Forces? dotes of service)   16. SOCIAL   SECURITY NO.	17. INFORMANT		ADDRESS			
No	442-01-162	Col.R.H.Brady	Jr. Alex				
DISEASE OR CONDITION	DIRECTLY	OF DEATH		ONSET AND DEATH			
LEADING TO DEA	TH (A)	Branch preuman	rancho presentences 0,				
(This does not meon the mode heart failure, asthenia, etc. It me		lited left Back and for John Street Street Control					
ANTECEDENT CAU							
			17 000 00000000000000000000000000000000	**************************************			
DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION last.	(A) slating the (C)		100000000000000000000000000000000000000				
- 11							
O THE DEATH BUT NOT	RELATED TO THE						
DISEASE OR CONDITION CAUSIN	CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes) or Nol 20	B. IF YES, WERE FIN	DINGS CONSIDERED			
19A. DATE OF OPERATION 19B. WAS	PERFORMED	Yes	CERTIFIING CAUSI	ES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimore C	city, give exact tocation)			
21D. TIME (Month) (Doy) (Y	eor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?				
OF INJURY	While At Not W	/hile					
			10 0 0	11 106 ~ 10			
	pital) attended the deceased fram						
	eased alive an person (1) (Wa) (did) (did not	- /	Transfer (doir) aprille	an decim deconed an the date			
and haur and from the causes stated abays. (I) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED							
M.D. Attending Med. Sloff							
23C. PHYSICIAN'S		Phys. Director Phy 23D. ADDRESS	5, 22,	12011119			
23C. PHYSICIAN'S NAME (Type) PARVIZ	C. AMID	1001 11 1 16					
24A. BURIAL CREMATION, 24B. DATI			ITION (City,	town, or county) (State)			
	.5-67 Druid Ridge	Pik	esville	Md.			
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		4905 York Rd.			
VS 150-REV. 1/1/65	and a removed an	II. W . O GIIKTIIS O	20112 00 •	4/0) 1011 100			



11	1-524	7 13000	BALTIMORE CITY	HEALTH DEPARTMENT		67 11960
	TH NO.  E. CASE NO.	11350	CERTIFICA	TE OF DEATH	Registered No	
1. N	AME OF DECEASED			2. DATE	AND HOUR OF DEAT	
3 6	PLACE OF DEATH IN BALTIMORE,	R. Ungla	шь	Deci	ember 11, 19	67 8,42
3. F	PLACE OF DEATH IN BALTIMORE,	MARILAND		A. STATE B. CO	UNTY	institution: residence Detore
F	FULL NAME OF (If not in hospi HOSPITAL OR oddress or local	tol or institution, gration)	ve street	Maryland		- BUDAL A A
	INSTITUTION			Baltimore	outside city limits, write	e RURAL ond give 14 mip)
	00 408 E. 28	th St.		D. STREET ADDRESS	(If rurot, give location)	
	100 5. 20			408 E. 28th	St.	
5. S	M 6. RACE		DIVORCED (specify)	3/10/1882	9. AGE (In years lost birthdoyt	If Under 1 Yr. If Und Months Doys Hours
	LUSUAL OCCUPATION (Give kind of vote during most of working life, even if refire		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Re	etired-Printer	B & 0	RR	Ohio		U.S.A.
	FATHER'S NAME			14. MOTHER'S MAIDEN N		
G	Gasper R. Unglaub			Sophia C. Ne	<i>loph</i>	
15. Yes	Was Deceased Ever in U. S. Armed s,na ar unknown! (If yes, give wor or o	otes of servicet	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	1	705-05-6676	Mrs. Sophia C.	. Unglaub	(Same)
	18. 4.20 11			F DEATH		INTERVAL BETV
	DISEASE OR CONDITION		Ó	4	0.	
	(This does not mean the mode	of dying, e.g.,	DUE TO	one of the	onwood	live 5 y
	heart failure, asthenio, etc. It med injury or complication which caus		0		1. 1	
	ANTECEDENT CAUS	ES	B) CO	Jerros eler	ster pento	live of
	DISEASES OR CONDITIONS,		502 10			
	tise to the above couse ( UNDERLYING CONDITION last,	A) stating the	(Ct			
	11					
ATION	OTHER SIGNIFICANT CONDITIONS	ELATED TO THE				
	19A. DATE OF OPERATION 19B. C	ONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	Nol 208, IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ERTIFIC	WASI	ERFORMED		No	IN CERTIFYING C	AUSES OF DEATH?
U	OR CONTRIBUTING CAUSE OF	home	LACE OF INJURY (e.g., farm, factory, street,	n or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	nore City, give exact location
ICAL	DEATH (notify medical examiner)	etc.t				
MEDI	21D, TIME (Month) (Day) (Ye		INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
<	(APPROXI)	White			100	
	22. I certify that (I) (**********************************	al) ottended the	e deceased fram	16.28	19 5 3 to \$	ec 11 19
	that (I) (wa) ast saw the dece	sed alive on	12/10	19.6.7ond	that in (my) (	pinion deoth accurred a
	and hour and fram the couses s	tated above, (I)	(We) (did) (dld nat)	view the bady after dept	h.	
	23A. SIGNATURE	1	O M.D. AH	ending Med.	Stoff	23B. DATE SIGNED
	23C. PHYSICIAN'S	Theam	Phy	23D. ADDRESS	Phy s.	17/13/6
	NAME (Type)	D T4-22	70 40		0.4	, ,
244		R. Freema	ME OF CEMETERY OF CR	11 W. 29th		(City, town, or county)
	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)					
	Burial 12/15 A. DATE REC'D BY HEALTH DEPT.	1/67 D	ruid Ridge	25C FUNERAL DIRECT	kesville, B	alto.Co., 4905 York oko
	DEC 13 1967 A	E. B dus	a. One PLD	H.W. Jenkins	E Sons Co.	4905 York Roto
	150-REV. 1/1/65	ALL -14	Partie al.		Baltumo	re, Md. XXXXXXXX

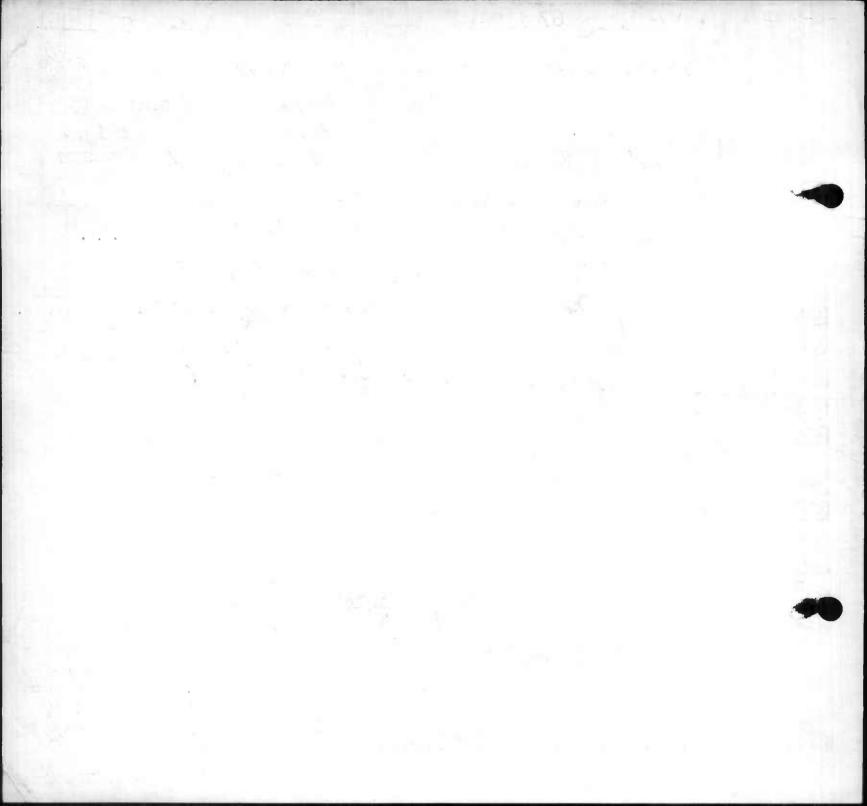


FUNERAL DIRECTOR: IMPORTANT

by the chief medical examiner or his assistant if dea

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

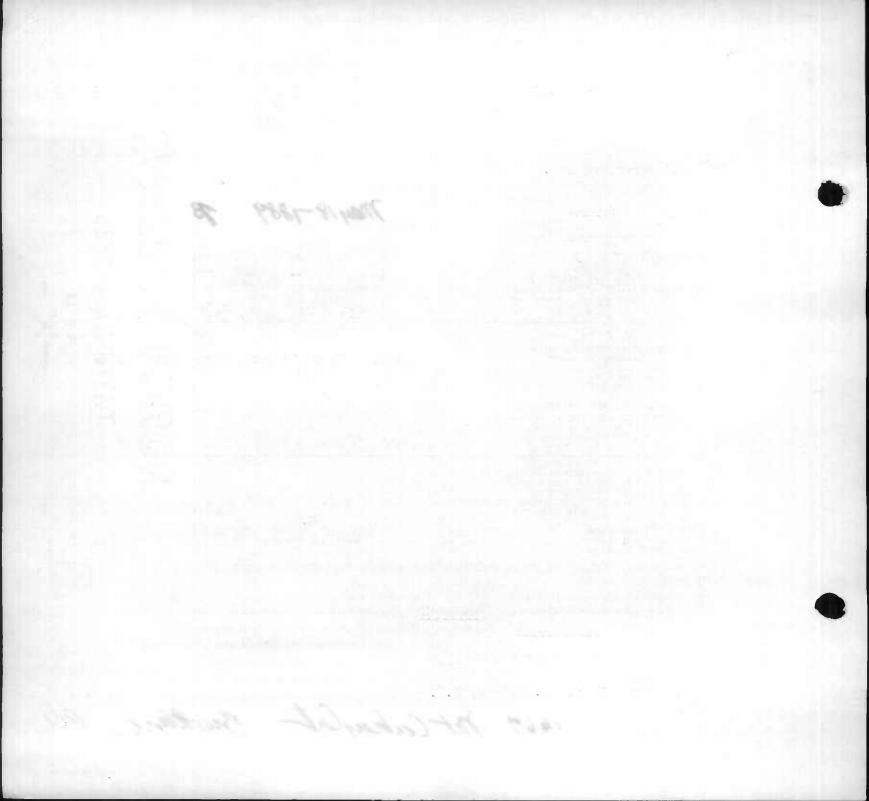
	h.	5 67	1 1100	BALTIMORE CITY	HEALTH DEPA	RTMENT	100	OP A	0004
BIRTH NO. CERTIFICATE OF DEATH Registered No.								-6/1	301
1	NAME OF DECEASED	, .	1,	0		2. DATE AN	D HOUR OF DEATH	1	100
1	PLACE OF DEATH IN	1241785	LOUI.	SA	II. HEHAL BEST	12/8/	67	institution: residence bel	, M.
1	FEACE OF DEATH IN	BALIIMORE IVIA	RILAND		A. STATE	8. COUN	TY	institution; residence bet	ore damission)
	HOSPITAL OR	(If not in hospital address or location		ive street	C. CITY OR TO	LYLAND	teide city limite write	Baltimore C	ship)
	4940 Easter	n Ave.			100	10(6)	iside city illinis, wife	53.	00
31	Baltimore,	Maryland ;	# 21224		D. STREET ADT	DRESS (IF	rurol, give location)	/ 27	027
	DAltimake 16. RAC	City Half	rifuls	NEVER MARRIED	8. DATE OF BIR	alshy	Pt. Rd		027
	TEMPLE 6. RAC	VEGRO		DIVORCED (specify)	7-4-		9. AGE (In years lost birthday)	If Under 1 Yr. If Months Doys Hor	urs Min.
	A. USUAL OCCUPATIOn one during most of working		108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	E (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNT	RY?
	FACTORY U	Verker			North	CAI	olina	U.S.A.	
1	3. FATHER'S NAME	1			14. MOTHER'S	MAIDEN NA	ME		
	Evans, 1	tragen			GATO	net, C	Elix		
10	5. Was Deceased Ever in les, no or unknown! (If yes	, give was or date	ces? s of service)	SECURITY NO.	17. INFORMANT	7		ADDRESS	21224
		N				ords 49	40 Eastern	Ave. Baltim	ore, Ma.
1	18. 420, 1	CONDITION DIR	ECTLY	CAUSE O	F DEATH			ONSET AN	
		NG TO DEATH	CCIET	(A) Wi	OCAR DIA	A ( -	NEARCT	Min	ut
	(This does not men heart failure, asther	io, etc. It meons	the diseose,	DUE TO	(a)	is differe in an different to incident the same time an adjustance groups	\$		1000 0 444 C 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	injury or complication		deoth.)	(8)	1RTERI	OFEC	I-FROSIS		
	DISEASES OR CO	EDENT CAUSES	any aivina	DUE TO	ini		= = a = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	00 x 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	***************
	rise to the abo	ve cause (A)		(C)	*******	******	-000000		***************************************
	UNDERLYING CON	IDITION lost.							
	OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING		0	\ _ A.I	1 - 1 - 5		
1				CATARACT					
	19A. DATE OF OPERA	WAS PER		WHICH OPERATION		-	IN CERTIFYING C	FINDINGS CONSIDER AUSES OF DEATH?	ED
	21A. ACCIDENT WA		21B.	PLACE OF INJURY (e.g., i	n or about 21 C. W	NO VHERE DID	(If in Boltimo	ie City, give exact loca	otion)
	OR CONTRIBUTING		hom etc.)	e, form, foctory, street, o	ffice bldg., INJUR	Y OCCUR?			
		h) (Doy) (Year)	(Hour) 21E,	INJURY OCCURRED	2) F. H	OM DIĎ INT	URY OCCUR?		
	(APPROX.)	***************************************	Whi Wor	le At Not While At Work	е	•	the state of the s		
	22. I certify that (1) (this hospital) attended the deceased fram 10/10 19 67 to 12 8 19 67.								
	that (I) (we) last s	aw the decease	d alive an	12/8	19 67	and th	at in (my) (aur) ap	inian death accurre	d an the date
	and have and fram	the eauses stat	red abave. (I	) (We) (did)- <del>(did not</del> ) v	view the bady o	after death.			
	23A. SIGNAT URE	Solla and	//	44 D AH	ending [ ]	Med.	Stoff -	23B. DATE SIGNED	1
-	236 BUYGIGIANA	049		M.D. Att	s 1	Director	Phys.	12/8	161
	23C. PHYSICIAN'S NAME (Type)	F POD	-77 2	AA D	23D. ADDRESS 4	940 Eas	tern Ave. I	Baltimore, M	aryland
	4A. BURIAL CREMATIO		STRO	M.D.	EAA AZODY A	-///	OCATION (C	#2	1224 (Stoje)
	REMOVAL (Specify)	14 3/4	1 -	hat fact	16 A	24U. L	Bulk	Cily, town, or countyl	200
1	MALON L	ALTH DEPT.	29B. NAME O	F REGISTRAR	25%. FUNER	AL DIRECTO	all	ADDRE	SS
			004	a In Course	Elhou	Mail	la m 17978	Mars HAM	ihl
I	S 150-REV. 1/1/65	100	H. Karth		t	V WA	1	newale	9



67 11962

MEDICAL	EY A MINIED'S	CERTIFICATE OF	DEATH Pagistared No.
MEDICAL	EVAMILIAEK 2	CERTIFICATE OF	DEATH Registered No.

M.	E. CASE NO.					5					
1. (Ty	Pe or Print)	CEASED				2. DATE AND HOUR PRONOUNCED DEAD					
		LULA	WATER	S NA	TLERS		December	6. 1967	5:30 p M.		
3.	PLACE IN BALT	TIMORE, MARYL				4. USUAL RESID	ENCE (Where dece	osed lived. If insti	itution: residence before odmission		
HC	LL NAME OF SPITAL OR STITUTION	(IF NOT IN ADDRESS C	HOSPITAL O	R INSTITU	TION, GIVE STREET	A. STATE  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
831 Edmondson Ave.				Baltimore D. STREET ADDRESS (If rurol, give locotion)							
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED						B. DATE OF BIRT	mondson Av				
	Female	Color	ed	WED, D	elow	may 18.	-1889	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
		WORKING Die, gven is		KIND OF	BUSINESS OR INDUSTI	RY11. BIRTAPLACE	(State or foreign con	un(iy)	12. CITIZEN OF WHAT COUNTRY?		
13.	FATHER'S NAA	AL L	Ma Die	4	N. Mg	14. MOTHER'S M	AHEN NAME	in the	170274		
15.	WAS DECEASE	D EVERTH U.S.	ARMED FOR	CES?	16. SO CIAL	17. INFORMANT	unka	non	ADDRESS		
(Ye	s, no or unknown	(If yes, give wo	r or dotes of	service)	SECURITY NO.	Ban		4	1. 0		
_	1B. 4/	1 6 1	_		CALLS	E OF DEATH	- Ami	LL A	INTERVAL BETWEEN		
	7-2	0/1/1			CAUS	E OF DEATH			ONSET AND DEATH		
	DISEA	SE OR CONDIT		LY	A == +	oniocolom	otic Cardi		Diagram		
	(This does	not meon the i		g, e.g.,	(A) AL U	erroscier	otic Cardi	ovascular	Disease		
	heart failure,	, osthenio, etc. mplication which	It meons the coused deoth	diseose,	501.0				AND REPORTED TO		
		ANTECEDENT			(B)						
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO										
	UNDERLYIN	NG CONDITION									
Z					(C)			•••••			
Ě											
O	TO THE	DEATH BUT I									
분	DISEASE O	R CONDITION C	AUSING IT.			•••••					
L CERTIFICATION	19A. DATE OF		98, CONDITION		HICH OPERATION			ERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?		
MEDICAL	UNDERLYING	OR CONTRIB-		218. P home, etc.)	form, foctory, street,	in or obout 21C. V	WHERE DID (If in	Boltimore City, giv	re exoct location)		
Σ	21D TIME	(Month) (Doy	) (Yeor) (	Hour) 21	E. INJURY OCCURRED	21 F. H	OW DID INJURY C	CCUR?			
	OF INJURY	(	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					, 000 K.			
				m. W	ORK NOT	WHILE D					
	22.	tify that I held	on Inqui	гу 🗌	Inspection X Au	utopsy and	d that on this bo	sis, deoth in m	y opinion		
	resul	ted from: Nat	urol couses	X A	ccident Suici	de Homici	ide Unde	termined monne	er 🗌		
		CHIEF MEDICAL EXAMINER   DATE SIGNED									
		SIGNATURE CONTROL M.D. ASSISTANT MEDICAL EXAMINER X									
	EXAMIN				M. L		EDICAL EXAM				
	NAME (	Type) Edw		Wilso	n, M.D.	ASSOCIATE W	IEDICAL EXAMI		ecember 6, 1967		
	MOVAL (Specify		DATE	230	NAME OF CEMETERY	or CREMATORY	23D. LOCA		town, or county) (State)		
	Ber	0 15	141	7	neto	the sext as	1	Browth	hal sky		
24/	A. DATE REC'D	BY HEALTH DE	PT. 24	NAME	OF REGISTRAR	2.C. FUNER	AL DIRECTOR	100000	ADDRESS		
						KAA	. 1 / 1				
		min 4 0 40	G7 A	0 8-	a Fallman	Chay	Ohleson	1070100	rantonhi		
VS	151-REV. 1/1/	65	H: US	July -				- 401-02	- cy n		



Such

a hospital and

BALTIMORE CI	ITY HEALTH DEPARTMENT	67 11963			
окин No. 67 11963 CERTIFIC	ATE OF DEATH Registered No.	07 11300			
M.E. CASE NO.	2. DATE AND HOUR OF DEATH				
I. NAME OF DECEASED  (Type or Print) MARGARET WHITING		8100 -			
Type of Panti MARGARET WHITING	December 9, 196				
. PLACE OF DEATH IN BALTIMORE, MARILAND	A. STATE B. COUNTY	months residence before bankssi			
FULL NAME OF (If not in hospital or institution, give street	Md				
HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, write	RAL and give township)			
	BALTIMORE	1001			
EON SECOURS HOSPITAL	D. STREET ADDRESS (If rurol, give location)				
34	1831 EDMONDSON AC	le 1			
SEX 6. RACE 7. MARRIED, NEVER MARRIED		If Under 1 Yr., If Under 24 H			
· WIDOWED, DIVORCED (specify)	lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.			
	Meny 9-1814 93				
DA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST one during most of working life, even if retired)	TRY 11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?			
13	VIRGINIA	USA			
3. FATHERS NAME	14. MOTHER'S MAIDEN NAME				
	11.000				
UNKNOWN	UNKNOWN				
5. Was Deceased Ever in U. S. Armed Forces?  [fes,no or unknown] (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT	ADDRESS			
	Delen Ma Morriso	f			
NO		INTERVAL BETWEEN			
CAUSE CAUSE	OF DEATH	ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY	a a A				
LEADING TO DEATH	ulral arteriosclerosis	years			
(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. 11 means the disease,	with encephalomalacia				
injury ar camplication which caused death.)					
ANTECEDENT CAUSES (B)	everalized arteriosclerosu	o years			
DISEASES OR CONDITIONS, if any, giving	0	0			
rise to the obove couse (A) stating the (C)	**************************************				
UNDERLYING CONDITION last.					
11					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 1 1 1	11			
TO THE DEATH BUT NOT RELATED TO THE Jule	reculosis, right ling	mounds			
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?			
WAS PERFORMED	Yes Yes	JEJ OF BEATH.			
U 21A. A CCIDENT WAS UNDERLYING ☐ 21B. PLACE OF INJURY (e.g. home, form, foctory, street,	g., in or obout 21 C. WHERE DID (If in Boltimore	City, give exoct locotion)			
OR CONTRIBUTING CAUSE OF home, form, foctory, street, DEATH (notify medical examiner)	, office bldg. INJURY OCCUR?				
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
(APPROX.) While At Work At W.	While				
		2000			
22. I certify that (I) (this hospital) attended the deceased from		ceruber 9 19 G/			
that (1) (we) lost saw the deceased alive on Deccutse 9	1961 and that in (my) (our) opin	Ion death occurred on the d			
and hour and from the causes stated above. (1) (We) (did) (did not	t) view the body ofter death.				
23A. SIGNATURE		23B, DATE SIGNED			
do prewou M.D.	Attending Med. Sloff	19/8/15			
7010	Phys. Director Phys.	12/1/0/			
23C. PHYSICIAN'S NAME IType)	23D. ADDRESS	1.7			

23D. ADDRESS Hospital

BRAVO 24B. DATE 24C. NAME of CEMETERY OF CREMATORY

Secours 24D. LOCATION

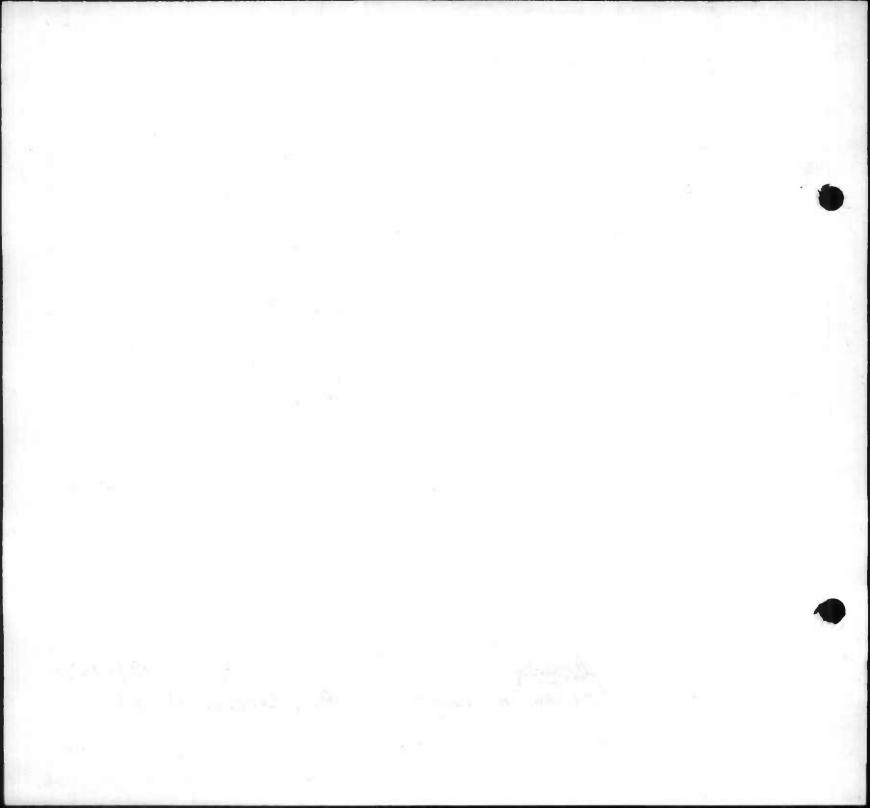
(City, town, or county)

HEALTH DEPT. 25B, NAME OF REGISTRAR 3 1967

25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

BURIAL CREMATION, REMOVAL (Specify)



1	7-700	BALTIMORE CITY	HEALTH DEPARTMENT		07 44004			
	H NO. 67 11	964 CERTIFICA	TE OF DEATH	Registered Na	67 11964			
1. N.	AME OF DECEASED			D HOUR OF DEATH	2.0			
{Тур	H9320 L or Print 10 .	D1665	DEC	- 10, 1967	1930 A.			
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	te deceased lived. If insti	tution: residence before admission			
H	ULL NAME OF (If not in hospital or institu IOSPITAL OR oddress or location)	rtion, give street	C. CITY OF TOWN (If our	tside city limits, write RU	RAL and give to ship)			
3.	8	11		rurol, give location)	11-01			
	INIVERSITY OF 1	NO: 14026.	735 W	Jih mea (	OURT			
5. \$	m. n wig	RRIED, NEVER MARRIED GWED, DIVORCED (specify)	3-17-08	54	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.			
	USUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?			
			mo.		USA			
13. [	TATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
1	22213 DIGGS		MARX TH	tomas				
15. V	Vas Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	In a Life Year	ADDRESS			
Tes	,no or unknown) (If yes, give wor or dotes of ser		1405017AL	RECORD				
	18.	219-030877 CAUSE 0	<del></del>	accord.	INTERVAL BETWEEN			
	DISEASE OF CONDITION DIRECTLY				ONSET AND DEATH			
	LEADING TO DEATH	A DE	HOCARCINAMA	OF STOMACH	5 ma-			
	LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc., it means the disease,							
	injury at camplication which caused death.)		0.000	A TO 515				
	ANTECEDENT CAUSES	(B) W1 1 #1	CARCINOM	A 1 0 3 1 3				
	DISEASES OR CONDITIONS, if any, g							
	rise to the above cause (A) stating UNDERLYING CONDITION task.	The (C)	ර්තුර්ග වීණයා එක් ගෙන සහ සහ රාවණයා සහ සිටි සද්දක වූ සහ සහ සහ සහව සහ සහ වී යුදු උවදාල සහු සු යු	************************				
NO	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO							
CAT	DISEASE OR CONDITION CAUSING IT.		100					
E.	WAS DEDECTAMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?			
ERT	AUG 1967	Ca OF STOMAC						
_	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLA CE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore C	City, give exact location)			
103	21D. TME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
	OF INJURY (APPROX.)	While At Not While Work At Work						
	22 1			100	10 / 10 / 10			
	22. I certify that (I) this haspital attend		Mar. 30	19 0 / ta N	cember 6, 19 67			
	that (I) we last saw the deceased alive			at in (my) (our) opinio	an death accurred an the d			
	and haur and fram the causes stated aba	ve. (I) (We) (did) (did nat) v	view the bady after death.					
	23A. SIGNATURE				3B, DATE SIGNED			
	Charles S. Harry	A.D. Atte	s. Med. Director	Stoff Phys. Z.	Dec. 6, 19			
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS					
24.6	BUBIAL CREATATION 248 DATE	M.D.	TALATONY DATE !	0.0111011				
ZAM	BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CR	24D. L	OCATION (City,	town, or county) (State)			
	Durin 12/13/67	South / WATional	Ceneral &	will,	Ma			
25A.		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	of Min	ADDRESS A			
	DEC TO 1901 APREN E	- Charles	June 15	show 111	2 W. Noll A			
/S 1	50-REV. 1/1/65	Tari Perilini III						

Add and Sully a Dankship Yours

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4	5-53	2	67	119	65 B			H DEPARTMEN		Registered Na.	67	7 1196	55
	CASE NO.				00 (	ER HIFIC.	AIEC	F DEAT	H /	Registered Rd.			
1, N	AME OF DECE	EASED				-		2. DA	TE AND	D HOUR OF DEATH			
, ,	e or Print)	SANDKI	JHLER	, BR	OTHER	HENRY		DEC	CEM	BER 3, 19	67		00A M.
3. P	LACE OF DEA	TH IN BALTIA	MORE, MAI	YLAND			4. USU.	AL RESIDENCE	(Where	deceased lived. If in	nstitution: res	idence before od	lmission)
	ULL NAME O	E (If not i	in hospital (	e inelituti	on, give stree			RYLAND			Ball	G Pai	
ŀ	OSPITAL OR		or location		on, give siree	71				side city limits, write	RURAL ond	give township)	
	NSHIOHON	ST. A	GNES	HOSP	ITAL		- 1	LTIMORE			1	2 - 0	
	1/0	CATON						ET ADDRESS		urol, give location)			
	40	BALTII			YLAND	21229	SA	CRED H	FAR'	T MONASTE	DV		
5. S	EX	6. RACE	101.1.	7. MARR	IED, NEVER			OF BIRTH	9	. AGE (In years	If Under	Yr. , If Under	24 Hrs.
	MALE	WHITE			LIGIOL	CED (specify)	11-2	5-94		ost birthdoy)	Monms	Poys Hours	Min.
	USUAL OCCU		kind of work	10B, KIND	OF BUSINE	SS OR INDUST	RY 11. BIRT	HPLACE (State of	or foreig	n country)	12. CITIZE	N OF	
don	during most of v		n if retired)	DEL	IGIOUS							COUNTRY?	
12	RELIG			KEL	16 1003	· · · · · · · · · · · · · · · · · · ·		YLAND			U. :	S. A.	
13.	FATHER'S NAM	TE . /					14. MO	THEKS MAIDEN	NAN P	AE			
	J	OHN 1	YENE!	RY S	SHNAK	UHLER		AUGU	15/	4 FASIEN	PAdH		
15. Y	Nos Deceased ,no or unknown)	Ever in U. S.	Armed Fore	es.	1 6. SOC	URITY NO.	17. INFO	PATANTACNE	FS	HOSPITAL	BECODI	ADDRESS 21	229
	NO				216		76 C	ATON	WI	LKENS AVE	C D	ALTO	MD
	18. / 2 3	///	ONE		210		OF DEATH		77 1	LIXLIID AVL		TERVAL BETWE	EN.
	DISEAS	E OR COND	ITION DIR	ECTLY							0	NSET AND DEA	ATH
		LEADING TO				(A) H	FART F	ATTURE					
	(This does not meen the mode of dying, e.g.,									******			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)												
	ANTECEDENT CAUSES  (B) ADVANCED A.S.C.V.D.												
	DISEASES OR CONDITIONS, if ony, giving												
	rise to the obove couse (A) stoting the (C)												
	UNDERLYING CONDITION Iosi.												
7		II								·			
0	TO THE DI	EATH BUT	NOT RELA	TED TO	THE								
CERTIFICATION	19A. DATE OF	OPERATION (			OR WHICH O	PERATION	T20 A	AUTOPSY? (Yes	or Nol	208. IF YES, WERE	FINDINGS C	ONSIDERED	
TE		OTENATION	WAS PERF		ok willen	DI ENGINOR		A010131	01 1107	IN CERTIFYING CA	USES OF DE	ATH?	
CER	21 A. ACCIDEN	IT WAS UND	ERLYING		21B. PLACE	OF INJURY (e.a.	, in or obou	1 21 C. WHERE D	DID	(If in Boltimore	e City, give	exoct location)	
AL	OR CONTRIBU	TING CAU	SE OF		home, form,	foctory, street,	office bldg.	INJURY OCCL	U R?		,		
CO													
MEDIC	OF INJURY	(Month) (Oc	y) (Teon	(Hour)	21E, INJURY While At	OCCURRED  Not W	7.1. —	21F. HOW DI	D INJU	JRY OCCUR?			
-	(APPROX.)				Work	At Wo							
	22. I certify that (1) (this haspital) attended the deceased fram NOVEMBER 28 1967 to DECEMBER 3 1967.												
	that ( ) (we)	last saw the	e decease	d alive	n DEC	EMBER	3 19	67	nd tha	ıt in(my) (aur) api	inian death	accurred an	the date
								bady after de					
	23A. SIGNATU			1	- (-)-(	010) (010-101)	, 110.11 1110	bady arre, de	501118		23B. DATE	SIGNED	
	111	1110	1 /	/	110	M.O. A	ttending	Med.		Stoff A			
150	23 C. PHYSICIA	ques	10011	ary	110	P	230. ADE	Oirector		Stoff Phys.		01000	
	NAME	ype)			1	4	CAT		HK	ENS AVES.	, BAL	TIMORE,	MD
	ALE	JANDRO .	MEJIA			M.I							, I'IU .
24A	AMOVAL (S	POCATION, 24B	. DATE	240	NAME OF	CEMETERY OF	REMATOR	6) _2	4D. LO	CATION ALC	ity, town, or	county)	(State)
1	quoua.	Tole	c.619	167	doll	Nox	00 me	-Cemak	/	19 allemi	no.	mk	/,
25A	DATE REC'D	BY HEALTH	DEPT.	25B, NA	AE OF REOS	TRAR	25C.	FUNERAL DIRE	CTOR	10	~	ADDRESS	
1	DEC 13	1967	But	2,4	Chillip !!		to	avel 12	esnos	al Home	Pos	1000-8	9014
VS	150-REV. 1/1/6	5							7	0	2 V	91	

to the president of Carrier States and the 

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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	sed prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	This certific	shows: (1) A	was D.O.A.	deceased b	written app

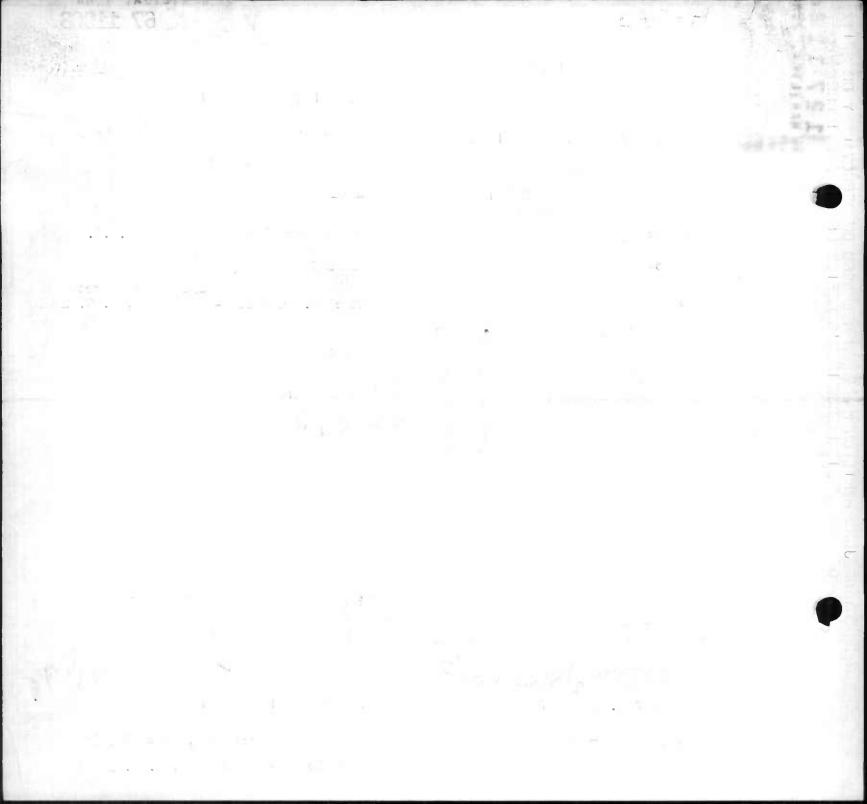
	W-532	BALTIMORE CITY	HEALTH DEPARTMENT	CM 14000			
	TH NO. 67 11968	CERTIFICA	TE OF DEATH Registered No.	0/11955			
1. I (Ty	pe di printi C. Wen.	tz	2. DATE AND HOUR OF DEATH	5:00 Am.			
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE  B. COUNTY	stitution: residence before admission)			
1	FULL NAME OF (If nat in haspitol ar institution, oddress or location)	give street	C, CITY OR TOWN (II gutside city limits, write I	BIIBAL and sing Androlin's			
	NOTITUTION		C, CITY OR TOWN (Il autside city limits, write RURAL and give namship)				
1/	Maryland General	Hospital	D. STREET ADDRESS (If rurol, give location)  15 W, Madison				
5.		NEVER MARRIED , DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 8	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.			
	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF ne during most af warking lile, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	A. Contraction of the Contractio		Maryland	4,5			
113,	George Fox		14. MOTHERS MAIDEN NAME				
15. (Ye	Was Deceased Ever in U. S. Armed Farces? s,no or unknown)(II yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT 34	13 N ADDRESS PL			
	-	220-09-2955	Dora E. Schroeder Pho	ENIA, Arizona			
	1B. 260 XI	CAUSE O		INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(a) Cere	brovasanlar Accident	2 weeks			
	(This daes nat mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death,)	Cease ?					
	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	?					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	G E					
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
CALC	21A. ACCIDENT WAS UNDERLYING 218.	e, lorm, factory, street, of	n ar obout 21C. WHERE DID (If in Boltimore bldg., INJURY OCCUR?	e City, give exoct locotian)			
	OF INJURY	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
2	(APPROX) Whi	k Nor While		1.7			
	22. I certify that (I) (this hospital) ottended th	ne deceased from	- 2 5 19 6/to /2	19			
	that (1) (we) lost saw the deceased alive an 12 9 and that in (my) (our) apinion death accurred on the date						
	and hour and from the couses stated above. (I	) (We) (did) (did not) v	iew the body after death.	less Barr clours			
	23A, SIGNATURE William L. Broth	12-9-67					
	23C.PHYSICIAN'S NAME (Type)	M.D.	Maryland Gener	al Hospital			
24	A. BURIAL CREMATION 248. DATE 24C. NA REMOVAL (Specify)  A. DATE REC'D BY HEALTH DEPT. 258. NAME O	THE CEMETERY OF CRE	MATORY 240. LOCATION (C)	ADDRESS (State)			
	DEC 13 1967 Robert E. to	Liber Mill	Terrel Therere Clarit	Ekzarello - 8-1/29			
VS	150-REV. 1/1/65			1) J.97			

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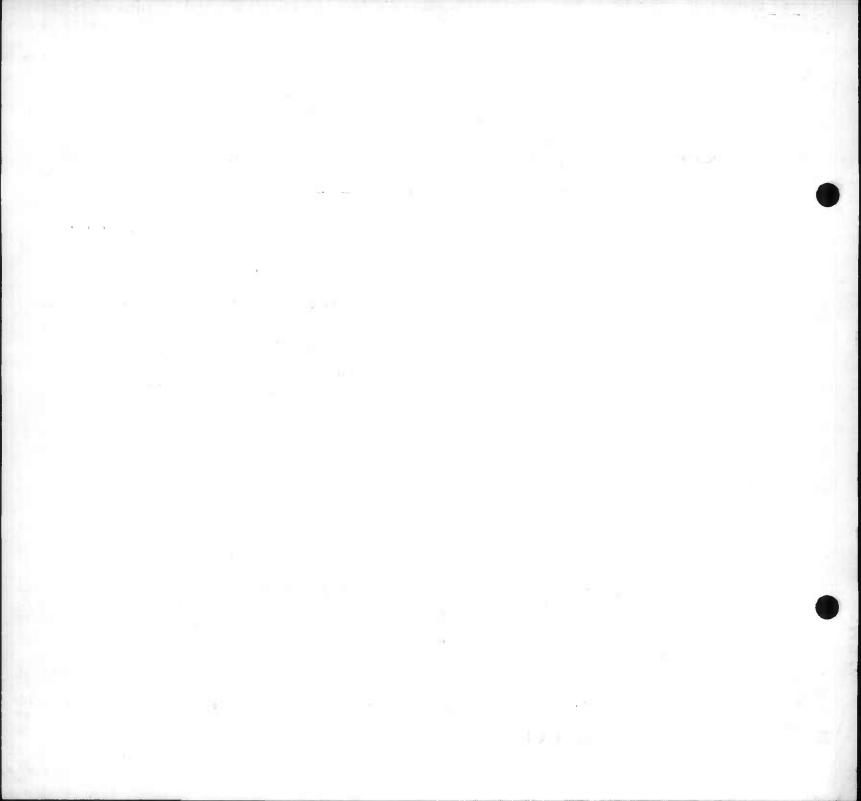
5-4 89

M-200	BALTIMORE CITY	HEALTH DEPARTMENT	67 11967					
BIRTH NO. 67 11	967 CERTIFICA	TE OF DEATH Registered	No					
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print) MEYD	Syrella Lyn	2. DATE AND HOUR OF DE	ATH STO AY					
3. PLACE OF DEATH IN BACTIMORE, MARYLANI		4. USUAL RESIDENCE (Where deceased lived.						
		A. STATE B. COUNTY BORYIN	rore 1.					
FULL NAME OF (If not in hospital or institution)  HDSPITAL OR oddress or location)								
INSTITUTION A HONE	land Hospital	D. STREET ADDRESS (If rurol, give locotion)  Posewood State Hospital						
University of Hary								
38								
, , WII	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) New-Harried	B. DATE OF BIRTH 9. AGE (In years lost birthdgy)	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.					
OA. USUAL OCCUPATION (Give kind of work 10B, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
tone during most of working life, even if retired)	ट	Md.	4.5 0 1					
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
George C. Que M	reyd.	Orella Singe						
5. Was Deceased Ever in U.S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
8	MAGIE	Chair						
18. 6 9 0 . / 1	CAUSE C	PF DEATH	INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY		1 +	ONSE! AND DEATH					
LEADING TO DEATH	(A) Se	sus + pentoneles						
heart failure, asthenia, etc. It means the di	(A) Square + periforming  (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,							
injury or complication which caused death.								
ANTECEDENT CAUSES	DUE TD	forted cecum +						
DISEASES OR CONDITIONS, if ony,		mall bown part	ela					
rise to the above cause (A) stoting UNDERLYING CONDITION last.	g the (C)							
DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? No) 20B. IF YES, W	VERE FINDINGS CONSIDERED					
WAS PERFORME	CAUSES OF DEATH?							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID IIf in Bal	timore City, give exact location)					
Q 21D. TIME (Month) (Doy) (Year) (Hou	e) 21 E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
E OF INJURY	While At Not Whi							
	Work At Work							
22. I certify that (I) (this hospital) atte	nded the deceosed from	19/30 19 67 to	12/8 1967					
that (I) (we) lost sow the deceased oliv	e on 12/8	19 67 ond that in (my) (our	opinion deoth accurred on the d					
and haur and from the causes stated ab	ove. (1) (We) (did) (did not)	view the bady ofter deoth.						
23A. SIGN ATURE	0		23B, DATE SIGNED					
Mencel of	Buken M.D. Att	ending Med. Stoff Phys.	12/8/67					
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS						
NAME (Type) Gerald D.	Buker M.D.	W. of Ml.						
	24C. NAME of CEMETERY OF CR	EMATORY   24D. LOCATION	(City, Jown, at county)   State)					
DEMOVAL Specify	1 4:1/1/1/	a No att Mills	Ill Menell					
Duna 102,11,146/	IAME OF REGISTRAR	25C, FUNERAL DIRECTOR	ADDRESS					
IEC 13 1967 Reub 2 2384N	1 Veu 14	200 PONERAL DIRECTOR	120/ 121					
		/ selver of murch	- rame deboured					
VS 150-REV. 1/1/65		(U) T -)/	V June					

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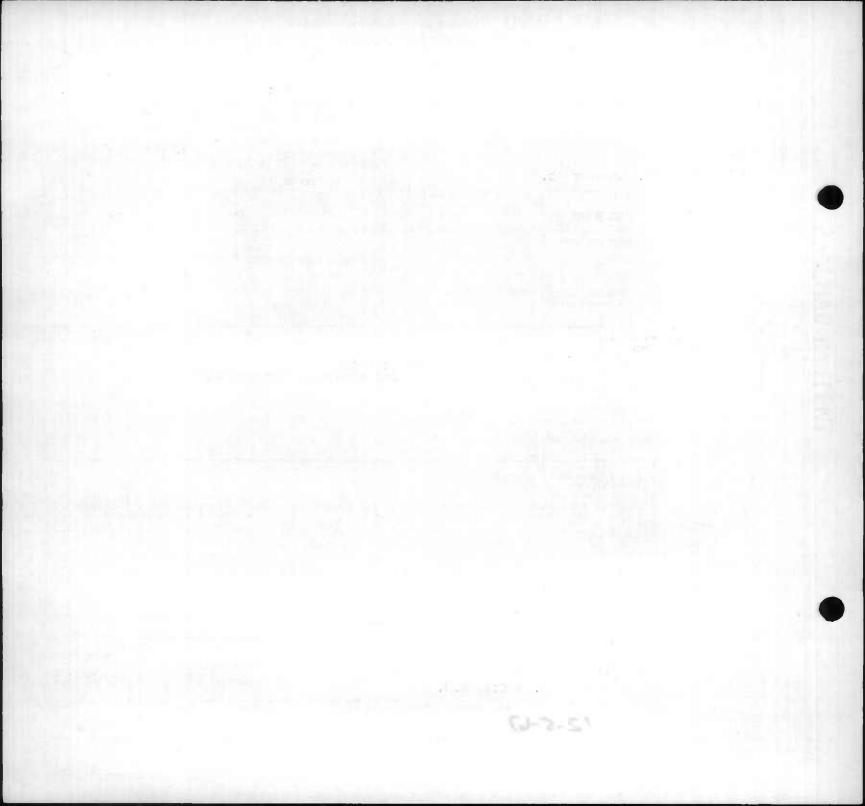
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	B-Z TH NO. E. CASE NO.				GEIT	11110711	LOIDLA				
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- 1	HOSPITAL OF	oddre	ess or location	1)			C. CITY OR TOWN	(If outside c	ity limits, writ	e RURAL on	nd give towns
4	-		more Ci Eastern	-	-		Baltimor		in In anti-		11-0
-	31				21224		435 Watt		ive location)	21201	
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3.	FATHER'S NA	ME				14	. MOTHER'S MAIDI	N NAME			
								Mrs. Be	tty Hal	13	
15. (Ye	Was Decease s, no or unknov	d Ever in U.	S. Armed For	ces?	1 6. SOCIAL SECURITY		· INFORMANT				ADDRESS
(10.	3,710 01 011 1110 1	in yes, giv	e wor or dole	3 01 3614106)	SECURITY		Records: BCH	4940	Easter	n Aver	nue 21
	1B. / 4	3.X	Ī			CAUSE OF	DEATH				INTERVAL BI
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# 67 11970 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 11970

1. NAME OF DECEASED			2. DATE AND HOUR PRONOUNG	CED DEAD
Unknown MAL			October 20, 196	7   3:45 P. M
3. PLACE IN BALTIMORE, MARYLAND, W		A. STATE	ENCE (Where deceased lived, If in B. CO	stitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	UNKNO		BILDAL 1 1 2 2 2 2
HOSPITAL OR ADDRESS OR LOCA	TION)		VN (If outside corporate limits, wri	e RURAL and give township)
0		Unkr	IOWN (If rurol, give location)	
3000 blk. Hanover St	•	Unkr		
5. SEX 6. RACE Male UNKNOWN	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) Over 50	If Under 1 Yr. If Under 24 Hrs Months, Days, Hours, Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MA	AIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED Yes, no or unknown all yes, give wor or dole		17. INFORMANT		ADDRESS
DISEASE OR CONDITION DIL LEADING TO DEATH (This does not meon the mode of heart foilure, osthenio, etc. It meons injury or complication which coused to the mode of heart foilure, osthenio, etc. It meons injury or complication which coused to the mode of heart CAUSES.  ANTECEPENT CAUSES DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.  III OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REID DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REID DISEASE OR CONDITION CAUSING WAS PERIL	dying e.g., the disease, deoth.)  NY, GIVING (B)  OUE TO ES  (C)	termined ar advance	d decomposition	ONSET AND DEATH
TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING 19A, DATE OF OPERATION 19B, CON		20A AUTOPSY	(Yes or No) 20B. IF YES, WERE F	INDINGS CONSIDERED
WAS PERI		Yes	IN CERTIFYING CAL	
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	home, form, foctory, street, c	in or obout 21C. W office bldg., INJURY		give exact location)
OF INJURY (APPROX.) (Month) (Doy) (Yeor		WHILE	OW DID INJURY OCCUR?	
22. I certify that I held an I		topsy X ond	that on this bosis, death in	my opinion
resulted from: Notural con	uses Accident Suicid	e Homici	de Undetermined mont	ner X
ACTUAL ////	6-2-	4.001.001.11	EDICAL EXAMINER	DATE SIGNED
EXAMINER'S Werner	U. Spitz, M.D.	•	EDICAL EXAMINER K.	10/20/67
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME OF CEMETERY	CREMATORY UN	11VERSITY MED	ICAL SCHOOL
24A. DATE REC'D BY HEALTH DEPT.	248 NAME OF REGISTRAR	24C. FUNERA	AL DIRECTOR	ADDRESS
DEC 1 4 1967	VI) 1) R- U . 40 11. 11. 11.		MODTHADY CT	DELLOS DOSED

VS 151-REV. 1/1/65



	BALTIMORE CITY	HEALTH DEPARTMENT	67 11971
BIRTH NO. 67 1	1971 CERTIFICA	TE OF DEATH Regis	tered No.
M.E. CASE NO.  1, NAME OF DECEASED		2. DATE AND HOUR	OF DEATH
Type or Print) Mrs. Dora Este	lle Graves	12-10-	17 23ºP
PLACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Where deceases	d lived. If institution: residence befare odmissian
FILL MARK OF All to be size to serial as in the	44.41		27-15
FULL NAME OF (If not in hospital or in: HOSPITAL OR oddress or location) INSTITUTION	stitution, give street	Maryland C. CITY OR TOWN (If outside city li	imits, write RURAL and give township)
INSTITUTION		Baltimore	
001914 Sulgrave	Avenue	D. STREET ADDRESS (If rural, give	
00.			PAVE AVE.
. SEX 6. RACE 7. A	ARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 18829. AGE (In	yeors If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
Female White	WIDOWED	1 October 85	
A USUAL OCCUPATION (Give kind of work 10B, one during most of warking tife, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	MARYLAND	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JAMES T. CI	REW	DORA T.	DUER
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	1914 SULGRAVE AU
Yes, no or unknown) (If yes, give wor or dotes of	service) SECURITY NO. 216-40-0623	DOROTHY MASLIN	BALTO, MD.
18, 4/4 6001	CAUSE 0		INTERVAL BETWEEN
7-0010		2-1	ONSET AND DEATH
DISEASE OR CONDITION DIRECT		Intoring lo	- Ces
(This does not mean the mode of dying		marcovece.	
heart failure, asthenia, etc. It means the injury or camplication which caused dea			
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if any,	DUE TO		
rise to the above cause (A) state			
UNDERLYING CONDITION last.			
, II			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
DISEASE OR CONDITION CAUSING IT.	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar No) 20B. IF	YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM			TIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID (I	f in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, form, foctory, street, of	fice bldg., INJURY OCCUR?	
U			
OF INJURY (Month) (Doy) (Yeor) (H	While At Not While	21F. HOW DID INJURY OCC	UR?
(APPROX)	Work At Work	10/1	(1)
22. I certify that (I) (this hospital) at	ended the decepsed fram	///6/19	to 080 196/
that (1) (we) last saw the deceased al	ive an NEC 8	19 67 and that in (my	) (aux) apinian death accurred an the da
and hour and from the causes stated	_ /	/	, (===, ===============================
23A. SIGNATURE	2 / (114) (444-184)	lew the body after death.	23 B. DATE SIGNED
	THEON MAD AH	ending Med. Stoff	
- Cillean	HILLAND	s. Director Phys.	December 11,190
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	
William G. Helfr:	ich M.D.	5006 Roland Avenu	ie, Balto. Md. 21210
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRI	MATORY 24D, LOCATION	(City, tawn, ar caunty) (State)
BURIAL 12-13-67	STILL POND	CEMTY STILL F	OND KENT. IND
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
4 4 .007 0			
DEC 1 4 1967 1/12	0 T 0	Miton M. Kon	
DEC 14 196/ ()2 15 150-REV. 1/1/65	lub E. Farkeyra	Victor M. Ken	nedy STILL POND, M.

1914 SULGRAVE AVE.

WIDCHED

HOUSEWIRE HOME MARYLAND

JAMES T. CREW DORA I DUER

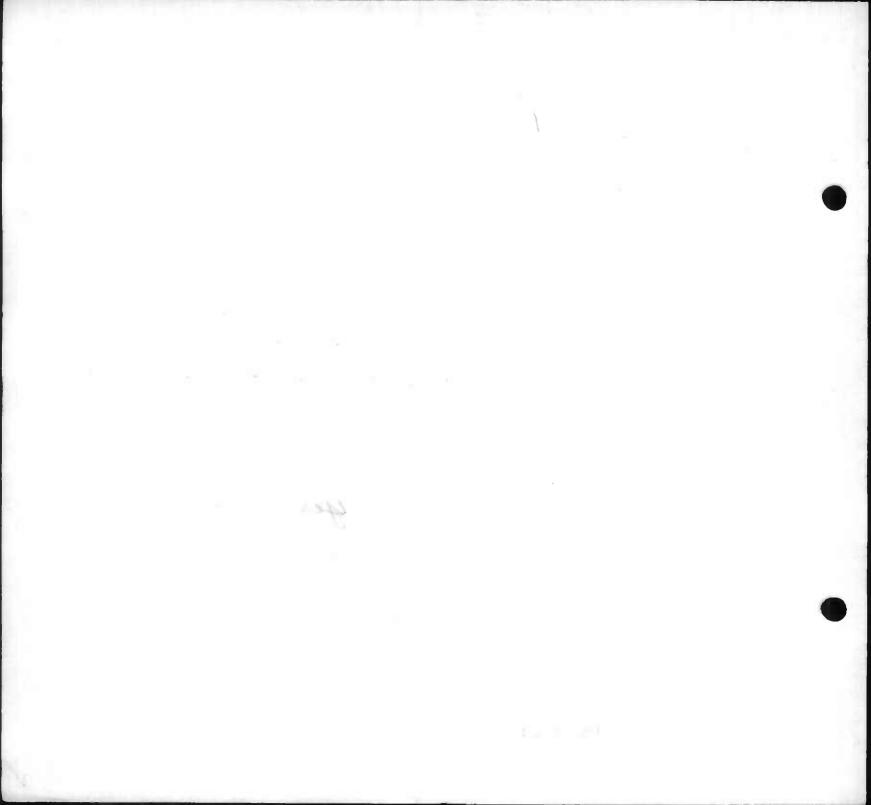
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DOROTHY MASKIN PALTE NIC.

THE THE MINER SERVE STREET SHARE LIKE TERROR IN JUNE 18

12 -	200			6	7 11972	BALTIMORE CITY				67 1	1972
D	+ 5 0 £		H NO. . CASE NO.		23.08 %	CERTIFICA	TE OF	DEATH	Registered No.		
9	of death Deceased e on the 1th. Such	1. N	AME OF DECE	ASED	Á	USS		2. DATE AN	HOUR OF DEATH	7 1	1/15 AM
hospital		3. F	LACE OF DEAT	H IN BALTIMORE, M	ARYLAND		4. USUAL A. STATE	RESIDENCE I When	e deceosed lived. If in	nstitution; residen	ce before odmission)
Joseph	use of (5) De lance deat		ULL NAME OF	(If not in hospito	ol or institution, giv	e street	'	ary lan			
0	cause se; (5 endan to de		NOTITUTION			1 11-11	C. CITY C	althur	tside city limits, write	RURAL and give	township)
. <u>.</u>	Ba taie	8	Mary	land	Mener	a Chose	STREET RO	ADDRESS (III	Alusin	komo	Beltole
urre	200	5. S	EX /	5. RACE	7. MARRIED, N WIDOWED	DIVORCED (especify)	B. DATE O		9. AGE (In years) tost birthday)	If Under 1 Yr. Months Days	If Under 24 Hrs. Hours Min.
	contrik letermin in regul eceased on is ma	īδλ	USUAL OCCU	PATION (Give kind of wo		Mell USINESS OR INDUSTRY	,	- /	an country)	12. CITIZEN C	)F
4		don	during most of w	orking tite, even if retired	)	U				WHAT CO	DUNTRY?
4	4) Und was in the de	13.	FATHER'S NAM	E			14. MOTH	ERS MAIDEN NA	ME		
7	direc d; (4) ath w on th	15.1	No. Deceased	Ever in U. S. Armed F	015017	6. SOCIAL	17. INFOR	AANT		ADD	RESS
IMPORTANT pr his assistant	he kind dea ce ce			(If yes, give wor or do		SECURITY NO.	iii. INFOR	WANT		200	KE33
9	ded or		1B. y 2	5 XI			F DEATH	- 1			VAL BETWEEN T AND DEATH
M id	of of of ed		L	EADING TO DEAT	н	(A) ATOPE	MKAR	TTAL P			
			heart failure, c	t mean the made of sthenia, etc. It mean dication which couse	is the disease,	DUE 10	TOUS	DDA	PAPLAT	Any	500
OR	examiner. 3) A fractu n who pro n regular are emba		,	NTECEDENT CAUSE		(B)	16103	II CINC		1	LJ I I I SKO
ECT	Te A S e s			CONDITIONS, if							
DIRE	- C - C - C - C - C - C - C - C - C - C			abave cause (A CONDITION last.	siding me	(C)			0.4.00 0		
AL	medical burns; physicia an was remain	ATION	TO THE DE	ICANT CONDITIONS ATH BUT NOT RE CONDITION CAUSING	LATED TO THE						
NER	y a me Body bu the phy hysician re the re	ERTIFICA	19A. DATE OF	OPERATION 198. CO	NDITION FOR WE	IICH OPERATION	20 A. A	STOPSY? IYes of No	20B. IF YES, WERE	FINDINGS CON USES OF DEAT	SIDERED 1?
FU	(2) ere o ph efor	CAL CE	OR CONTRIBUT	T WAS UNDERLYING ING CAUSE OF medicol exominei)	218. PI home, etc.)	form, factory, street, o	n oi obout ffice bldg.,	NJURY OCCUR?	IIf is Boltima	e City, give exo	ct locotion)
9	0 - 3 70		21D. TIME OF INJURY	(Month) (Doy) (Yeo		NJURY OCCURRED	4	PIF. HOW DID INJ	URY OCCUR?		
>			(APPROX.)		Work	At Not Whi At Work				10 1	
	50.0			hot (1) (this hospit		deceased fram	19	1	19 <u>6</u> to		19 G T
	20547					(We) (did) (did nat)			or()		correct on the date
t ton m	900		23A. SIGNATUR	ropport	1370	TRESTAD AII	ending	Med.	Stoff Phy s.	23B. DATE SIG	NED 64
0			23C. PHYSICIAN	rs F B	Torns	Josi M.D.	23D. ADDR		de Isla	eral.	Hadfish
certificat	A P d d d d d d d	244	BURIAL CREM	ATION, 24B. DATE	24C. NAM	AE of CEMETERY OF CR	EMATORY	24D. L	OCATION	ity, town, or cau	nty) (State)
9	the body shows: (1) was D.O. deceased written a		REMOVAL IS	12-	1-6)			UNIVER	SITY MEI	MCAL S	CHOOL
, Pi	the books: was D. deceas	25 A	. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF		25C. F	UNERAL DIRECTOR	ARV CED	VICE	D C H D
-	+ vi > 0 >	VS	150-REV. 1/1/6	EC 14 1967	(1) Con 15	2 starbura			TARI SLA	VICE -	DUHD



BIRTI	H NO.	MED	ICAL EX	AMINER 5 CI	KIIFICA	I E OF L	JEAIR Registe	red Na	
M.E.	CASE NO.		1						
1. N (Typ	AME OF DE	CEASED	1			2. DATE AND	HOUR PRONOUNCE	ED DEAD	
		CHARI		SEY		Novemb	per 16, 1967	7	2:55 A. M.
FU LI HOS	NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	UNCED DEAD	C. CITY OR TOV	ryland	deceased lived. If inst B. COU a corporote limits, write	INTY	dence befare admission)
(	39	Provident Ho	spital		D. STREET ADD	RESS (If rurol,	give locotion) On Court		16 01
5. SE	Male	6. RACE Negro		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT	н	9. AGE (In years last birthday)		1 Yr. If Under 24 Hrs. Days Haurs Min.
		UPATION (Give kind of worworking lile, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZI WHA	EN OF T COUNTRY?
13. F.	ATHER'S NAM	ΛE			14. MOTHER'S M	AIDEN NAME		1	
15. W	AS DECEASE no or unknown	D EVER IN U.S. ARMED (If yes, give war or dote	FORCES? es of service)	16. SO CIAL SECURITY NO.	17. INFORMANT	348		ADDRESS	
CERTIFICATION	(This does heart foilure injury or co injury or co DISEASES RISE TO THUN DERLYII	SE OR CONDITION DI LEADING TO DEATH not mean the mode of , osthenio, etc. It means mplicolion which coused  ANTECEDENT CAUSE OR CONDITIONS, IF / IE ABOVE CAUSE (A) S NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE	dying e.g., the disease, death.)  S LNY, GIVING TATING THE  CONTRIBUTIN	(B) YU  OUE TO  (C) Hepati	ssive hemo	ophagea	1 varix	irrhos	is
CERTI		F OPERATION 198 CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY Yes		20B. IF YES, WERE FIN IN CERTIFYING CAUS Yes	SES OF DE	
MEDIC	JNDERLYING DING CAU  TING DIME  TING TIME  T	L CAUSE WAS  OR CONTRIB- ISE OF DEATH.  (Manth) (Doy) (Yea	home, etc.)	PLACE OF INJURY (e.g., if, form, foctory, street, on the injury occurred with the injury occurred work at with the inspection Automatical	n or obout 21C. V ffice bldg., INJURY	OCCUR?	f in Boltimore City, giv	ve exoct lo	
		L URE Charles	USOS X A	ccident Suicide	Homici	de U EDICAL EX EDICAL EX	AMINER X	er 🗌	DATE SIGNED DET 16, 1967
	BURIAL CRE OVAL (Specif		. ~	C. NAME of CEMETERY of	CREMATORY	ERSIT	Y MEDICA	tawn, or	CFOO
24A.	DATE REC'D	BY HEALTH DEPT.	24B, NAME	E Faleuna	24C. FUNER	ORTU	ARY SERV	ICE	DDRESS BCHD

1		67 1	1974 BALTIMORE	CITY HEALTH	DEPARTMENT			67	11074
1-610	BIRTH NO.				RTIFICATE OF DEATH Registered No.				
	M.E. CASE NO.	CEASED			2, DATE AND HOUR PRONOUNCED DEAD				
		ENRY TRIPP			November 12, 1967   9:35 a m.				
	3. PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAL		USUAL RESIDENCE		osed lived. If inst B. COL	itution: residence	before odmission)
	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE	STREET C.	CITY OR TOWN	(If outside co	rporote limits, write	e RURAL ond give	lownship)
	1704 M	ontery Stree	t D.O.A.	D.	Balti STREET ADDRESS	(If rurol, give	6	0	1040
	5. SEX	6. RACE	7. MARRIED, NEVER MAR		DATE OF BIRTH		9. AGE (In years	If Under 1 Yr.	If Under 24 Hrs.
	Male	White	WIDOWED, DIVORCED(sp	ecify)			lost birthdoys 71	Months Doys	Hours Min.
		UPATION (Give kind of wor working life, even if retired)	k TOB. KIND OF BUSINESS C	R INDUSTRY 11.	BIRTHPLACE (Stot	le or foreign co		12. CITIZEN OF WHAT COL	
	13. FATHER'S NAM	ΛE		14.	MOTHER'S MAID	EN NAME			
		D EVER IN U.S. ARMEE			INFORMANT			ADDRESS	
	(This does hend foilure, injury or continuity or continuit	SE OR CONDITION DI LEADING TO DEATH not mean the mode of , osthenio, etc. It means mplication which coused  ANTECEDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	dying, e.g., in the disease, death.)  S INY, GIVING DI TATING THE  CONTRIBUTING LATED TO THE	E TO JE TO	EDEATH DSclerotic	c Cardio	vascular	ONSE	VAL BETWEEN T AND DEATH
	19A. DATE OF	OPERATION 198. CON	IDITION FOR WHICH OPER FORMED	ATION	NO NO		IF YES, WERE FI		ERED
	O UTING CAU	L CAUSE WAS OR CONTRIB- SE OF DEATH.	218. PLACE OF IN home, form, focto etc.)	JURY (e.g., in o ry, street, office	obout 21C. WHE bidg., INJURY O	RE DID (If in	Boltimore City, gi	ve exoct location)	
- VIII-188	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK  THE WORK AT WORK								
	22.	tify that I held on I	nquiry Inspectio	N Autops	y and th	at on this be	osis, deoth in n	ny opinion	
	resul ACTUAI SIGNAT		Accident Accident		Homicide CHIEF MEDI	CAL EXAM			TE SIGNED
	EXAMIN		E Wilson M.D.		SOCIATE MED	ICAL EXAM	INER DO A DE	17	10: 1067
	23A. BURIAL CRE	MATION, 23B DATE	F. Wilson, M.D.		REMATORY	23D. LOCA	TION CCITY,	Novmeder	12, 1967
	24A. DATE REC'D	12 - S BY HEALTH DEPT.	24B NAME OF REGISTRA	R	24C. FUNERAL	VERSI.	Y MED	ICAL SO	CHOOL
	D	EC 1 4 1967	Reb E Ja	Deuma	900	RTUAR	RY SERV	ICE - I	CHD
	VS 151-REV. 1/1/	65			-				

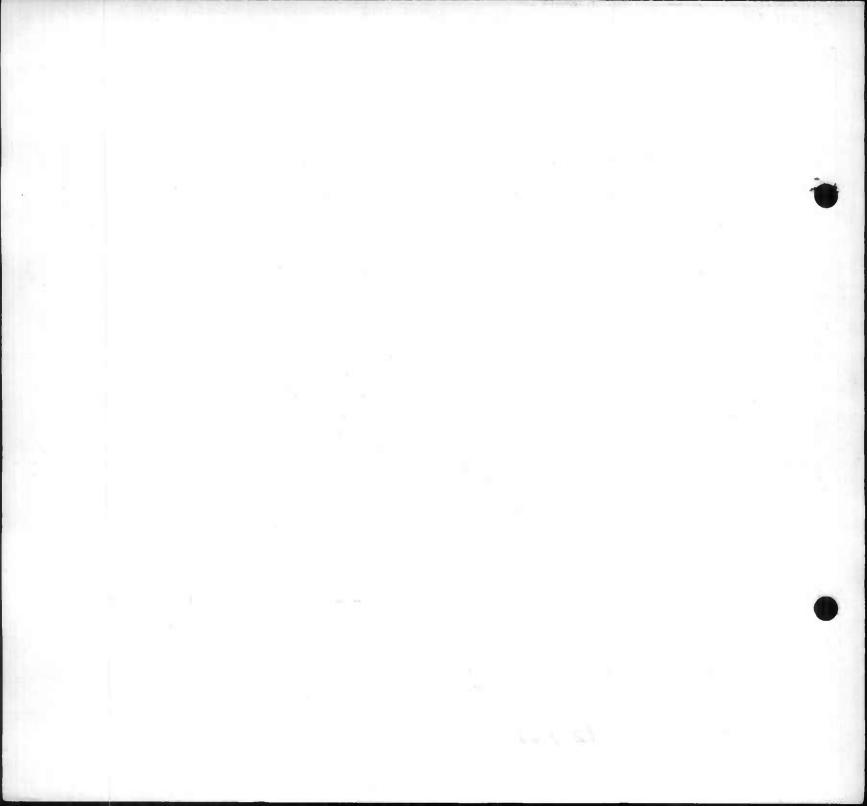
12-5-67

	(P)	4400		HEALTH DEPARTM		V	67 11075
	NO.	1197	CERTIFICA	TE OF DEA	TH Regi	rered No.	Ut HULU
1. NA	ME OF DECEASED				ATE AND HOUR	OF DEATH	
(Туре	BABER, I	rederi	ck Lee		12-2-67		3:30 P M
3. PL	ACE OF DEATH IN BALTIMORE, MAI	YLAND		4. USUAL RESIDENCE	CE (Where deceases. COUNTY	ed lived. If instit	ution: residence before admission)
Н	OSPITAL OR OF OGDING ODDING OF OSPITAL OR ODDING OD	istrat:	ion Hospital	Maryland c. cir or fown Pikesvill	.e	limits, write RUR	AL ond give township)
0	Baltimore, Man			35 Walker		location)	
5. SE	X 6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (I	In years I	f Under 1 Yr. If Under 24 Hrs. Aonths: Doys Hours Min.
	Male White		Married	11-16-88	79		
IOA.	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	e or foreign countr	y) 1	2. CITIZEN OF WHAT COUNTRY?
Gone	Dentist	Den	tal	Virginia			U.S.A.
13. F	ATHERS NAME			14. MOTHER'S MAIL	DEN NAME		
	hanles M Rohen			Jennie Mi	llen		
15. W	Charles M. Baber	es?	16. SOCIAL	17. INFORMANT		ords	ADDRESS
-	no or unknown) (If yes, give wor or dote:  1-2-18 to 12		PN241-11-1688	V.A. Hos	spital, Ba		21218
1	B. 1/2011		CAUSE O	F DEATH	_		INTERVAL BETWEEN
	DISEASE OR CONDITION DIR	ECTLY					ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of	dvina ea	(A) Myc	cardial Inf	Carction	***************************************	**************************************
	heart failure, asthenia, etc. It means	the disease,		S. H. D.			
	ANTECEDENT CAUSES		(B)			didah dida maka da mandin manappaya	***************************************
	DISEASES OR CONDITIONS, if						
	rise Ia Ihe abave couse (A) UNDERLYING CONDITION Iasi.	sloling lhe	(c) B.P.	Н.		·	
7	11						
A	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT	TED TO TH					
	9A. DATE OF OPERATION 19B. CONE		WHICH OPERATION	20 A. AUTOPSY? (Y	es or No) 20B. IF IN CEI	YES, WERE FIN	DINGS CONSIDERED
. 6	21 A. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF		PLACE OF INJURY (e.g., in e, form, factory, street, of			If in Boltimore C	ity, give exoct location)
ICAL	DEATH (notify medical examiner)	etc.					
N C	OF INJURY (Month) (Doy) (Year) (APPROX.)		INJURY OCCURRED  Ile At  Not While		DID INJURY OCC	CUR?	
-		Wo		october 8,	19 67	Dece	mber 2, 19 67
	22. I certify that XXX (this haspital) hat XX (we) last saw the decease		te deceased fight				
	and haur and from the causes state	//	xr(We) (did) (öl@d )≼ö≼r) v	iew the bady after	death.	H (aur) apinia	n death accurred an the date
	3A. SIGNATURE	32				23	B. DATE SIGNED
	(Aman/s	1	M.D. Atte	nding Med.	Stoff Phys.		12/2/67
2	CO. PHYSICIAN'S NAME (Type)	2		23D. ADDRESS			
Ш	Ismael Angulo						, Md. 21218
24A.	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NA	AME of CEMETERY OF CRE		24D. LOCATION		town, or county) - A (Stote)
0.5.1	125-6	O		UNIV	RSITY	MEDICA	IL SCHOOL
25A.		25B. NAME C	OF REGISTRAR	25C. FUNERAL D	IRECTOR	10/	ADDRESS OF A A
Vs 1	DEC 1 4 1967 (7)	Leel 5	, tarbuffel	Vewell O	Lunerof.	Horse /	Eleswell 8-284
V 3 1.	30-KL V+ 17 17 03					00) 8	L. M.

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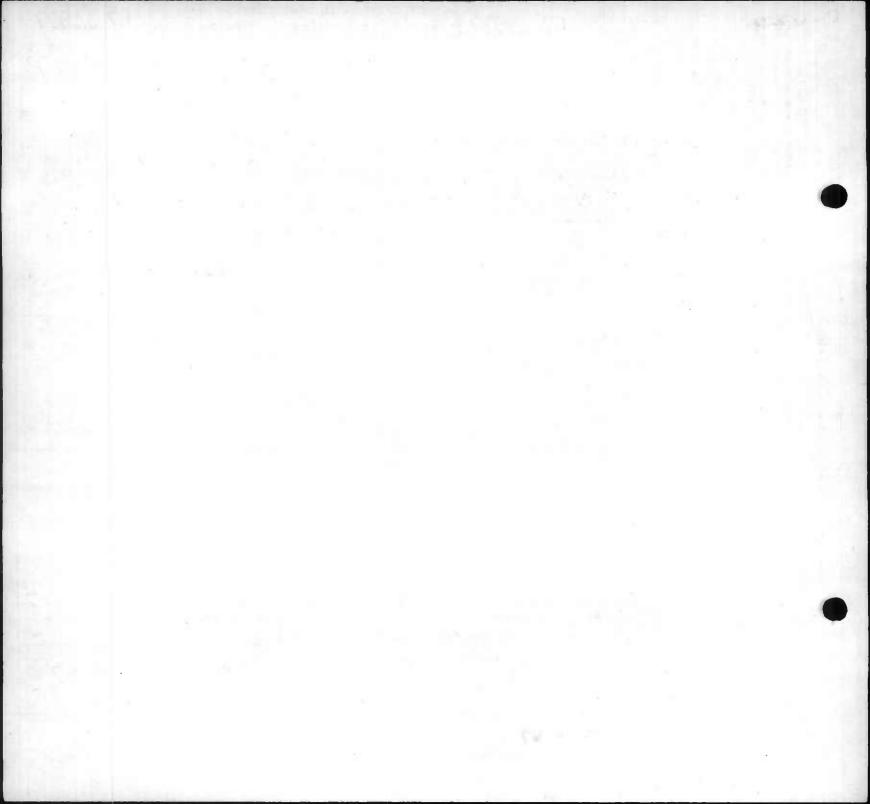
Made and the second

MVS 150-REV. 1/1/65

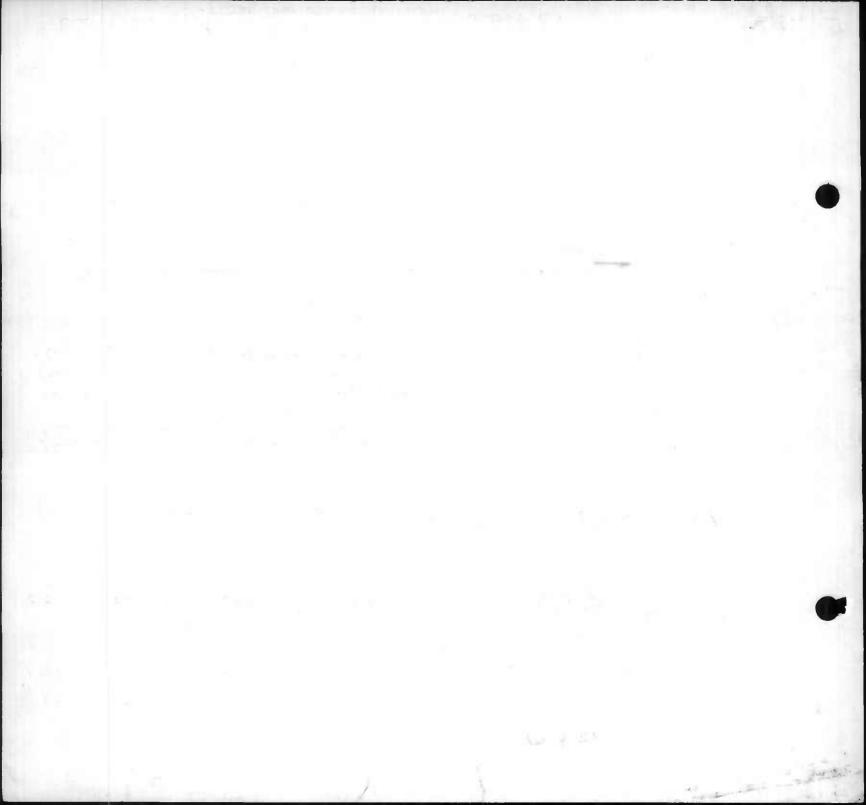


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR:

				BALTIMORE CITY	HEALTH DEPARTMENT	1/	CH 440MM
BIRT	H NO. 67-23	883 67	1197	CERTIFICA	TE OF DEATH	Registered No.	67 11977
I.N.	CASE NO.				2. DATE A	ND HOUR OF DEATH	
-	e or Print) BAY		001	25	4. USUAL RESIDENCE (Wh		
3. P	LACE OF DEATH II	BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If it	nstitution: residence before odmission)
H	ULL NAME OF	(If not in hospital oddress or location		give street	C. CITY OR TOWN (If o	PLTO CH	RURAL and give township)
11	NSTITUTION	ITY OF	ma D	Haro	BALTIM	ORE	53-00
	38	11101	m.	nost i	1 4 A	mAPLE	AVE.
5. \$	EX 6. RA	CE \A/	7. MARRIED, WIDOWEI	NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH 12/3/67	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
103	USUAL OCCUPATI	ON (Give kind of work			11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
	during most of working				MARYLA		WHAT COUNTRY?
13. F	ATHER'S NAME				14. MOTHER'S MAIDEN NA		0070
	Ton	1 CL	OUG,	14	PEGGY	Y OURS	
S. V	Vos Deceosed Ever , no or unknown) (If ye	in U. S. Armed For es, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO			-		L CHAK	7
	18. 776	XI		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		CONDITION DIE	RECTLY		Immat	11101+11	1 DAY
	(This does not m heart failure, asthe			DUE TO	1 17 17 17	V.13.1	
	injuly at camplico						
	ANTE	CEDENT CAUSES		(B)	era maladam manun ar apair deskilarda sa wax manukar sa sa apaji sa 1848-1849 Pairde sa Par wax waxan bas	****************************	
	DISEASES OR C	ONDITIONS, if		(C)			
	UNDERLYING CO						
NO	OTHER SIGNIFICAN	II NT CONDITIONS C BUT NOT RELA	ONTRIBUTIN	G			w. vellelil
AT	DISEASE OR CON	DITION CAUSING I	Т.		TAX .		
CERTIFICATION	19A. DATE OF OPER	WAS PER	FORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED
	21A. ACCIDENT W OR CONTRIBUTING DEATH (notify medi	CAUSE OF	218 hon etc.	e, form, foctory, street, of	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
	21 D. TIME (Mo	nth) (Doy) (Yeor)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
>	(APPROX.)		Wh	ile At Not While			
	22. I certify that	(I) (this hospital	Lattended t	he deceased from	12-3	19 67 to	12-4 19 67.
	that (I) (we) last	saw the decease	d olive an	00			Inian death accurred on the date
1	and have and fram	n the couses star	ed abave. (	(did) (did nat) v	lew the bady after death.	•	
	23A. SIGNATURE	1 . 1	100	OIA M.D. Atte	ending Med.	Stoff that	23B, DATE SIGNED
	22C BHYSIGIANS	ledere	Ceo	Phy	s. Director	Stoff Phys.	12-4-67
	23C. PHYSICIAN'S NAME (Type)	FOLONE	- /.	h./ M.D.	23D. ADDRESS	ELED O MADE	an Hacon
24A	BURIAL CREMATIC	ON, 24B, DATE	24C. N	AME of CEMETERY OF CRI	EMATORY 24D.	LOCATION (C	rly, to vin, or codnty) (State)
	REMOVAL (Specify	12-8-			LINIVERS	ITY MEDIO	AI SCHOOL
25A	DATE REC'D BY H		-	OF REGISTRAR	25C. FUNERAL DIRECTO	THE DICE	ADDRESS
	DEC	1 4 1967 (	1.00 B	E Farbura	HUSP	ITAL DISP	USAL
VS .	150-REV. 1/1/65					7	



a bid- MAG 11978	TATE OF DEATH Registered No.	7 11978
M.E. CASE NO.	ATE OF DEATH Regist Fed No.	7.1010
T. NAME OF DECEASED (Type or Print)	November 29, 196	7 1 2 2 4 4
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. II institution A, STATE  B. COUNTY	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION	Maryland Dorchester Co C. CITY OR TOWN (If outside city limits, write RURA	L ond give township)
Miversity of Maryland Hospital	Cambridge D. STREET ADDRESS (If rurol, give location)	59-00
38	Box 13 Jacktown	
Female 6. RACE 7. MARRIED, WEVER MARRIED WIDOWED, DIVORCED (specify)	Nov 8 , 1967	Under 1 Yr. II Under 24 Hrs. nths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUST	Cambridge, Dorchestu, Md.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S.A.
- EVERETT FIELDS	Ratter T Finter Son	= 10.=0
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Ship-wen Huma	
18.75/102 J	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) LUI	whome nearobery elocal	22 days
(This does not mean the mode of dying, e.g., heart foilure, ostherio, etc. It means the disease, injury or camplication which coused death.)	n- communication they descaphed is	zzdmis
ANTECEDENT CAUSES (B) A	chilosia	220131
DISEASES OR CONDITIONS, if any, giving	epiantin precuroring, Left en LOBE scending To mobiles. endomens ascassaires	a a sheer o
rise to the obove cause (A) stating the UNDERLYING CONDITION last.	endominas as constitis	6 das
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
NOU-10 and Nov-24, 67 Lumbar meningamy eloce  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)  NOU-10 and Nov-24, 67 Lumbar meningamy eloce  121B. PLACE OF (NJURY (e. hame, form, factory, street, etc.)		, give exact location)
21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)  While At Not V Work At W		
22. I certify that (1) (this haspital) attended the deceased from	11-9 1967 10 11	- 30 1967.
that (I) we last saw the deceased alive an 11-30		death accurred on the date
and haur and fram the causes stated above. (1) (Wa) (did not 23A. SIGNATURE		DATE SIGNED
M.D.	Attending Med. Stoff	
23C. PHYSICIAN'S	Phys. Director Phys. W	Nov. 29, 1967
	D. A 505 0 W. V 34 th st. 04	Baltimore , Md
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or REMOVAL (Specify)	CREMATORY 24D. LOCATION TCity, to	wn, of county) = 1 (Sidie)
25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	ALSCHOOL
DEC 14 1967 Robert E tarbum	HOSPITAL DIS	POSAL
VS 150-REV. 1/1/65		



### 67 11979 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E	CASE NO.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
1. N	AME OF DEC	CEASED				2. DATE AND	HOUR PRONOUN	CED DEAD	
		CAR	IIS_TAMY_			No	vember 20,	1967	11:02ам.
3. P	LACE IN BALT	MORE MARYLA	US I AMY	DUNCED DEAD	4. USUAL RE	SIDENCE (Where	eceased lived. 11 in B. C	ounty	idence belore admission)
HO:	L NAME OF	(IF NOT IN I	HOSPITAL OR INSTI	TUTION, GIVE STREET	C. CITY OR	? TOWN (If outside	corporate limits, w	rite RURAL	and give township)
INS	TITUTION				2		ar a		00-00
7	South	Baltimor	e General	Hospital D.	O.A.	DDRESS (If rural,	give location)	-10	
5. S	EX	6. RACE	7. MARRIEL	D, NEVER MARRIED	B. DATE OF E	BIRTH	9. AGE (In yeo		er 1 Yr. If Under 24 Hrs.
6	1		WIDO WED,	DIVORCED(specify)			last birthday)	Manths	Doys Haurs Min.
IDA.	VSUAL OCCI	White	d of work 10B, KIND (	OF BUSINESS OR INDUS	TRY 11. BIRTHPLA	CE (State or foreign	country) 70	12. CITI	ZEN OF
done	during most of	working life, even if	retired)	~				WH	AT COUNTRY?
13. F	ATHER'S NAM	A E	120	/-	14. MOTHER'S	MAIDEN NAME	2		
			1			0			
			ARMED FORCES?	16. SOCIAL	17. INFORMA	NT	V	ADDRES	S
(Yes	, na or unknown	Illi yes, give war	or dotes of service)	SECURITY NO.		~~~			
	18.	00 .1		CAI	JSE OF DEATH				INTERVAL BETWEEN
	70	2,01		CA	DIE OF BEATH				ONSET AND DEATH
	DISEA	SE OR CONDITI			Subdunal	Hemorrha	0.0		
	(This does	not meon the m	nade af dying, e.g. t means the disease	DUE TO	Dubdulai	Hemorria	5		
	injury or ca	mplication which	coused death.)						
	4	ANTECEDENT	CAUSES						
	DISEASES	OR CONDITION	IS, IF ANY, GIVING						•••••
		NG CONDITION	E (A) STATING THE LAST.						
Z				(C)					
Ą	071170 00	II	TIONS CONTRIBUTION	TING					
CERTIFICATION	TO THE	DEATH BUT N	ITIONS CONTRIBUT						
RTIS		R CONDITION C		WHICH OPERATION	20 A. AUTO	PSY? (Yes or Na)	OB. IF YES. WERE	FINDINGS	CONSIDERED
CE	2		AS PERFORMED		2071		N CERTIFYING CA		
X	21 A, EXTERNA	L CAUSE WAS	216	R. PLACE OF INJURY (e	.g., in ar obout 210	C. WHERE DID	I in Boltimore City,	give exoct	lacation)
		ISE OF DEATH.	etc	Street	n, once orage, 1142		d Camden	Sts.	22-02
Σ	21 D TIME	(Manth) (Day)	(Yeor) (Hour)	21 E. INJURY OCCURR	ED 21 F	HOW DID INJU			M 60
	OF INJURY (APPROX.)		67 2	WHILE AT N	OT WHILE X	a 1 .	11 1		1 11-
	22. 1 cer	tify that I held	m.		Autopsy X		collapsed s bosis, death in		
		Ited from: Noti		TVI			ndetermined ma		
			. 1	1.1		F MEDICAL EX			
	ACTUA SIGNAT		aul t	Wille ,		MEDICAL EX			DATE SIGNED
	EXAMIN NAME (		ard F. Wils	son, M.D.		E MEDICAL EX	AMINER	ovember	20, 1967
	BURIAL CRE	MATION, 23B.		23C. NAME OF CEMETE	RY or CREMATOR	/ CD C 23D. LC	CATION	ity, town, or	caunty) (State)
REA	VOAME (Specia	" 1	2-12-6)		OIAI	VERSITY	MEDICA	AL SC	LUOL
244	DATE REC'D	BY HEALTH DE	T.  248, NAM	E OF REGISTRAR	24C. FU	NERAL DIRECTOR			ADDRESS
	DEC	14 1967	Robus &	. Farbuyna		MORTU	ARY SE	RVICE	- BCHD
VS	151-REV. 1/1/	165 N 8	54,	2	43				

12-12-61

BIRTH NO.

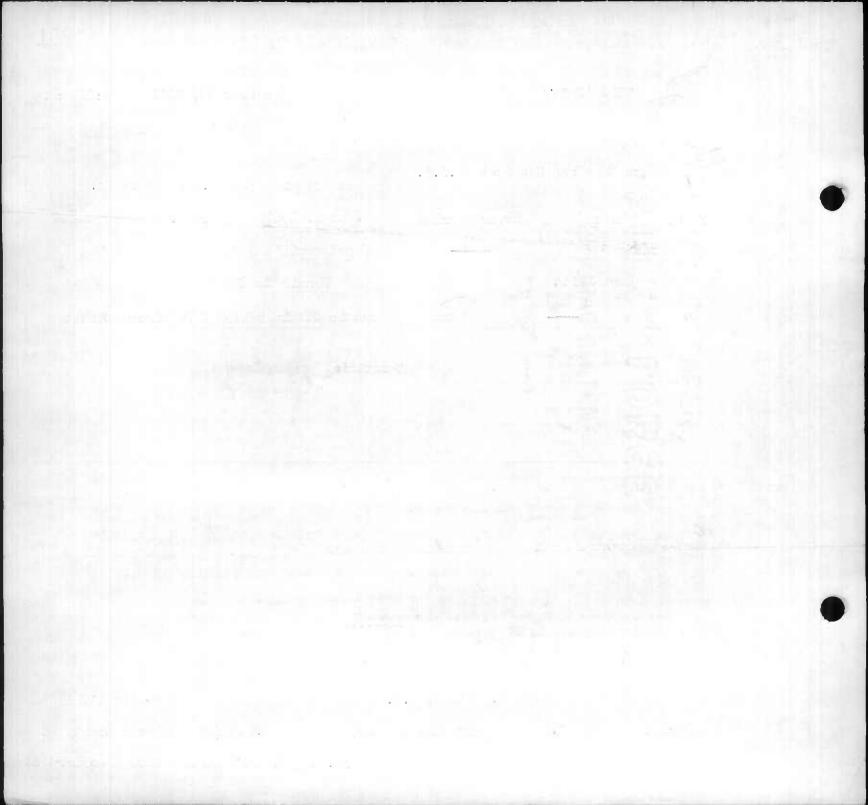
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	Registered	Na.
		10.0		NID HOUSE	and unicip	DEAR

M.E. CASE NO.								
1. NAME OF DECEASED (Type or Print)	LAWR	ENCE WALKE	R		Novem	ber 25, 1967		7:20 A. M.
3. PLACE IN BALTIMORE CERTIFIE	CATE	HERE PRONOUNCE	VDED	P	larytand	deceosed lived. If institu B. COUN		46
HOSPITAL OR A	DDRESS OR LOCA	ATION)	12-14-67		WN (If outside Baltimor	e corporate limits, write	RURALO	nd give to waship)
37 Mercy H	lospital			D. STREET ADDRESS (If rurol, give locosion) 48 Market Place				
5. SEX 6. RAG	ite	7. MARRIED, NEVE WIDO WED, DIVOR		8. DATE OF BIRT	Н	9. AGE (In years lost birthdoy)	If Under	Doys Hours Min.
to A. USUAL OCCUPATIO	N (Give kind of wor	k TOB. KIND OF BUSI	NESS OR INDUSTR	YII. BIRTHPLACE	(State or foreign	51 n country)	12. CITIZ WHA	EN OF
13. FATHER'S NAME	2005			14. MOTHER'S A	AAIDEN NAME	15		
15. WAS DECEASED EVE (Yes, no or unknown) (If yes			CIAL ECURITY NO.	17. INFORMANT	when the same of t		ADDRES:	5
118.		- 44 - 4	CALLS	E OF DEATH				INTERVAL BETWEEN
OTHER SIGNIFICATO THE DEAT DISEASE OR CON DISEASE O	II  NOT CONDITION REST.  II  NOT CONDITIONS  H BUT NOT RE	CONTRIBUTING	(C)					
19A. DATE OF OPER	ATION 198. COI	NDITION FOR WHICK	H OPERATION	20A. AUTOPS		20B. IF YES, WERE FINI IN CERTIFYING CAUSE Yes	S OF DE	ON SIDERED
21A. EXTERNAL CAL UNDERLYING OR COUTING CAUSE OF	ONTRIB-	21B. PLAC home, for etc.)	E OF INJURY (e.g., n, foctory, street,	in or obout 21C. office bldg., INJUR	WHERE DID (	If in Boltimore City, give	e exoct l	ocation)
21 D TIME (Mon	th) (Doy) (Yed	or) (Hour) 21E. IN WHILE	AT NOT	WHILE WORK	OW DID INJU	DRY OCCUR?		
22. I certify th	at I held an	Inquiry 🗌 Ins	spection Au	or or	d that on thi	s basis, death in my	opinia	n
resulted fr	am: Natural co	uses X Accid	ent Suici		A CONTRACTOR	Indetermined monner		
ACTUAL SIGNATURE	Charl	J.J.	get M.		MEDICAL EX			DATE SIGNED
EXAMINER'S NAME (Type)	Charles	S. Spring	ate, M.D.	ASSOCIATE		CAMINER NOV	ember	26, 1967
23A. BURIAL CREMATIC REMOVAL (Specify)	12-1	2-67	ME of CEMETERY	UN	IVERSI	TY MEDIC	AL	SCHOOL.
24A. DATE REC'D BY HI	1 4 1967	24B, NAME OF RI	Falle MA	24C. FUNE	MORTI	JARY SERV	VICE	RCHR

VS 151-REV. 1/1/65

Letter from M. E. w office 12-14-67 M. H.

		6/11	1981	BALTIMORE CITY HEA	ALTH DEPARTMENT		CM 44004			
BIRT	H NO. Faux	Itesville, NEME	DICAL EX	AMINER'S	CERTIFICATE OF I	DEATH Registere	d No. 0 11981			
	CASE NO.	,								
1. 1	NAME OF DEC	CEASED			2. DATE AN	D HOUR PRONOUNCED	DEAD			
(1)	e or runiy	TINA BRI	TT		Dece	mber 11, 1963	7   8·15 a M.			
3. P	LACE IN BALT	IMORE MARYLAND	, WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institut	7 8:15 a M. tian: residence belore admission)			
HO	L NAME OF	(IF NOT IN HOS	SPITAL OR INSTITU	JTION, GIVE STREET	A. STATE  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
3	5				Baltimore					
	Chu	rch Home an	d Hospita	1 D.O.A.	D. STREET ADDRESS (If rurol,	give location)				
(	14					1733 E. Balti				
5. S	EX 7	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours, Min.			
	Memale	White		r Married	JUne 27 1967	5 Mo.				
IOA	USUAL OCC	UPATION (Give kind of	work TOB. KIND OF		RY 11. BIRTHPLACE (State or foreig		12. CITIZEN OF			
done	during most of v	working life, even if relie 10	ed)		Fayettesville	NC	WHAT COUNTRY?			
13.1	ATHER'S NAN				14. MOTHER'S MAIDEN NAM		0 0 4			
		Bert Brit	t.		Bonnie Cu	mmi næ				
15.1	WAS DECEASE	D EVER IN U.S. ARA		16. SO CIAL	17. INFORMANT		ADDRESS			
(Yes	, no or unknown	(If yes, give wor or	dates of service)	SECURITY NO.	Daniel a Commission	3000 B D 344	O4 .			
				None	Bonnie Cummings	1/23 E BELTI				
	1B. 5	$\sim X_{\perp}$		CAUS	SE OF DEATH		ONSET AND DEATH			
	DISEA	SE OR CONDITION	DIRECTLY							
	(This door	LEADING TO DEA		(A) Inte	erstitial pneumon:	ia				
	he ort foilure,	not mean the made , osthenio, etc. It me mplication which cous	eons the discose,	DUE TO						
	injuly of co									
	1	ANTECEDENT CAL	USES	(B)						
		OR CONDITIONS, I		DUE TO						
		NG CONDITION LA								
Z				(C)						
Ĕ		II		10						
S		NIFICANT CONDITION DEATH BUT NOT								
E		R CONDITION CAUS				Table 4- 4- 4- 4- 4- 4- 4- 4- 4- 4- 4- 4- 4-				
CERTIFICATION	19A. DATE OF	OPERATION 198, C	PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES				
	OLA EVTERNIA	L CAUSE WAS	1015	NI A CE OF INITION	i dele wurst old	YES				
O	UNDERLYING	OR CONTRIB-	home	, lorm, factory, street,	office bldg., INJURY OCCUR?	III in Baltimore City, give	exoct location)			
品	UING - CAU	SE OF DEATH.	etc.)							
Σ	21D TIME	(Month) (Doy) (	(Year) (Hour) 2	1E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?				
	OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK  AT WORK									
	22. I cer	tify that I held an	Inquiry 🗌	Inspection A	utopsy X ond that on th	is bosis, deoth in my	opinIon			
	resul	resulted from: Notural causes Actident Suicide Homicide Undetermined monner								
			1 1	7	CHIEF MEDICAL EX					
	ACTUA	L \$ 1	1 + 1	MC			DATE SIGNED			
	SIGNAT	URE	9 11 , ,	M.	D. ASSISTANT MEDICAL EX					
	EXAMIN		XAMINER							
23 A	NAME (	MATION, 23B, DATE		Wilson, M.D.			cember 11, 1967 own, or county) (State)			
	AOVAL (Specif	y)		C. IAMINE OF CEMETERS			Jania of County) (31016)			
	Buri al		14 1967	Oxendine Cer	metery S	t Pauls Rob	beson County NC			
244		BY HEALTH DEPT.	A	OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS			
	UL	C 1 4 1967	Pole &	. Farker	The Dippel B	brothers Inc 1	1800 E Lombard St			
145	1.50 Date 1 1 11				**					

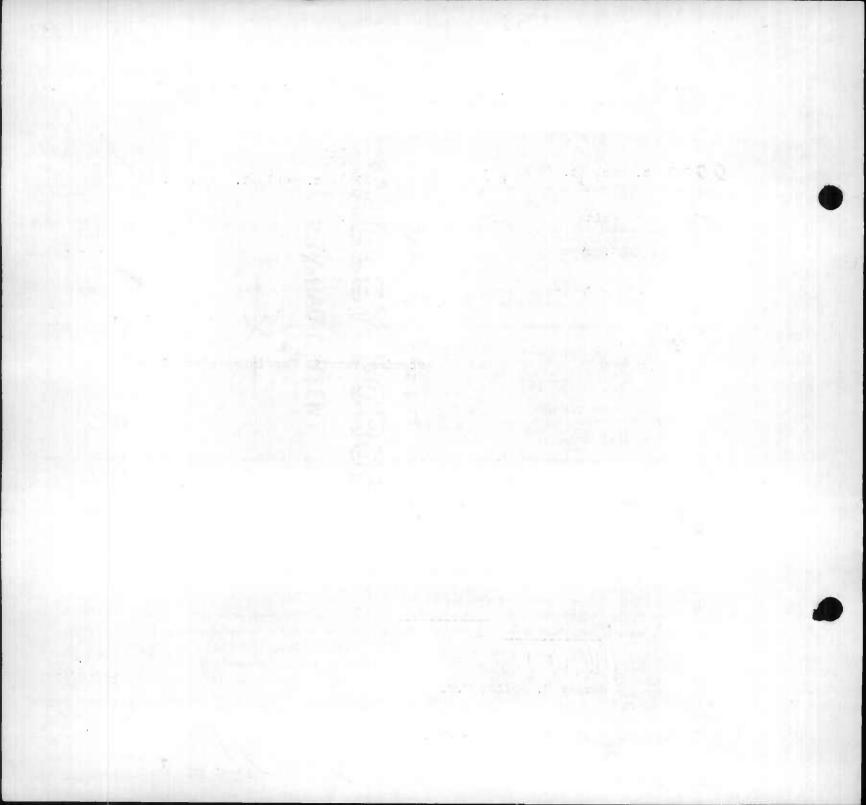


BIDTL	() &	1198	SE		D - 1 A I NI	67 11982	
	TH NO. E. CASE NO.		CERTIFICA	TE OF DEATH	Registered N	0	
1, NA	AME OF DECEASED			2. DATE A	ND HOUR OF DEAT	тн	
туре	PLACE OF DEATH IN BALTIMORE, MA	BAR	MEISTER	5	Am	12-12-	
3. PI	PLACE OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Who		finstitution: residence before admi	
	FINE NAME OF 100 -					Baltal	
H	FULL NAME OF (If not in hospital address or location		give street	C. CITY OR TOWN (If outside city limits, write RURAL and give township)  BALTIMORE			
II	NSTITUTION		, ,				
1	2 DON SECO	URS F	HOSPITAL		rurol, give location)	0	
0	T Farl	1	1. TTE	2008 Roy		2- 2	
5. SE	SEX 6. BACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 2	
	F (1)		D, DIVORCED (specify)	2.2- 00	lost birthdoy)	Months Doys Hours A	
.43	PUHITE	WIL	F BUSINESS OR INDUSTRY	1-23-19	18 485	12 617771	
	. USUAL OCCUPATION (Give kind of wor e during most of working life, even if retired)			11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?	
	House Wife	Ho	me	MARYLAN	00	U.SA.	
13. F	FATHER'S NAME	-		14. MOTHER'S MAIDEN NA			
	1/22/1			UNHNOW	(6.1		
15. V	Wos Deceased Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
(Yes,	s, no or unknown) (If yes, give wor or dot	es of service)	SECURITY NO.				
1/	NO NO		MO	PATIENTO	3 CHAX	27	
1	18.443XI		CAUSE O	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DI		^	1 2	/ =		
	LEADING TO DEATH		(A) COMP.	estive heart fair monary ed	lure c po	11- 3 days	
	(This does not mean the mode of heart failure, asthenia, etc. It means		DUE TO	monary ed	eme		
	injury or complication which coused			//			
1			i.	unantonal an	1+ 1 /1/2	1/1/1	
	ANTECEDENT CAUSES		(B) H	xpertension,	Atrial fibr	illation?	
	DISEASES OR CONDITIONS, if	S any, giving	(B) H	xpertension,	Atrial fibr	illation?	
	DISEASES OR CONDITIONS, if	S any, giving	(B) H) DUE TO  (C) Arter	xpertension, cioscleratic Cavdi	Atrial fibr	illation?	
	DISEASES OR CONDITIONS, if	S any, giving	(B) H) DUE TO (C) Arter	xpertension, aoscleratic Cardi	Atrial fibr	illation?	
z	DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION tost.	any, giving sloling lhe	(c) Arter	xpertension, aoscleratic Cavdi	Atrial fibr	illation?	
NO	DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL.	any, giving sloling lhe CONTRIBUTIN ATED TO TH	(c) Arter	xpertension, Goscleratic Cardi	Atrial fibr	illation?	
CATION	DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELDISEASE OR CONDITION CAUSING 19.A. DATE OF OPERATION 119.B. CONDITIONS (TO THE DEATH OF THE CONDITION CAUSING 19.A. DATE OF OPERATION 119.B. CONDITIONS (TO THE CONDITION THE	any, giving sloling the CONTRIBUTINATED TO THIS.	(c) Arter	cioscleratic Cardi	ovasculay	disease ?	
CATION	DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELDISEASE OR CONDITION CAUSING 19.A. DATE OF OPERATION 119.B. CONDITIONS (TO THE DEATH OF THE CONDITION CAUSING 19.A. DATE OF OPERATION 119.B. CONDITIONS (TO THE CONDITION THE	any, giving sloling the CONTRIBUTIN ATED TO TH	(c) Arter	20A. AUTOPSY? (Yes or N	O VASCULAY	dispose ?	
CERTIFICATION	DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION to st.  II  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER 21A. ACCIDENT WAS UNDERLYING	any, giving sloling lhe CONTRIBUTIN ATED TO THIT.  NOTION FOR REFORMED	G HE WHICH OPERATION	20A. AUTOPSY? (Yes or N	O VASCU AY  O) 208, IF YES, WEI	CISESE.	
L CERTIFICATION	DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	any, giving stoling the CONTRIBUTIN ATED TO THIS. TO THE T	G HE WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, form, foctory, street, o	20 A. AUTOPSY? (Yes or N	O VASCU AY  O) 208, IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
ICAL CERTIFICATION	DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	any, giving stolling the CONTRIBUTIN ATED TO THIT.  NOTION FOR REFORMED  21E hometc.	GG HE WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, farm, factory, street, on)	20 A. AUTOPSY? (Yes or N NO in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	O VASCU AY  O) 208. IF YES, WEI IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
DICAL CERTIFICATION	DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	any, giving stoling the CONTRIBUTIN ATED TO THIT.  NOTION FOR FORMED  21E han etc.	G SE WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, farm, factory, street, on)	20 A. AUTOPSY? (Yes or N NO in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	O VASCU AY  O) 208. IF YES, WEI IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
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MEDICAL CERTIFICATION	DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  21D. TIME (Month) (Day) (Year) (APPROX.)	S any, giving stoling the Stoling the CONTRIBUTIN ATED TO THIT.  WINDITION FOR REFORMED  (Hour) 21E Whom	GG HE WHICH OPERATION  S. PLACE OF INJURY (e.g., ine, farm, factory, street, only)  L. INJURY OCCURRED Hille At Not While At Work	20A. AUTOPSY? (Yes or N NO in or about 21C. WHERE DID office bldg., INJURY OCCUR?	OUASCUJAY  O) 20B. IF YES, WEI IN CERTIFYING (  (If in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
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MEDICAL CERTIFICATION	DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER (Month) (Day) (Year) (APPROX.)  21 D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (1) (this hospito that (1) (we) lost sow the decease	any, giving stoling the CONTRIBUTIN ATED TO THIT.  WHOTH TO THE STORMED TO THE ST	G SPLACE OF INJURY (e.g., ine, farm, factory, street, on the control of the control of the control of the deceased from Dec 1	20A. AUTOPSY? (Yes or N NO in or about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN ile 22 19 67 and to	OUASCULAY  O) 20B. IF YES, WEI IN CERTIFYING  (If in Boltin  JURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?  nore City, give exact locotion)	
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MEDICAL CERTIFICATION	DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER (Month) (Day) (Year) (APPROX.)  21 D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (1) (this hospito that (1) (we) lost sow the decease	any, giving stoling the CONTRIBUTIN ATED TO THIT.  NOTION FOR FORMED  21E Who would be a controlled the controlled the controlled the controlled above. (	GE WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, farm, factory, street, or	20A. AUTOPSY? (Yes or N NO in or about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN 11e 12 ond 12 ond 13 ond 15 o	OUASCULAY	RE FINDINGS CONSIDERED CAUSES OF DEATH?  nore City, give exact locotion)	
MEDICAL CERTIFICATION	DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER (Month) (Day) (Year) (APPROX.)  21 D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (1) (this hospito that (1) (we) lost sow the decease and hour and from the couses stowed the couse	any, giving stoling the CONTRIBUTIN ATED TO THIT.  NOTION FOR FORMED  21E Who would be a controlled the controlled the controlled the controlled above. (	GE WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, farm, factory, street, or	20A. AUTOPSY? (Yes or N NO in or about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN ile 22 19 67 and to	OUASCULAY  O) 20B. IF YES, WEI IN CERTIFYING  (If in Boltin  JURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?  nore City, give exact location)  Dec 19 19	
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MEDICAL CERTIFICATION	DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER (Month) (Day) (Year) (APPROX.)  21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (1) (this hospito that (1) (we) lost sow the deceose ond hour and from the couses sto 23A. SIGNATURE	any, giving stoling the CONTRIBUTIN ATED TO THIT.  CONTRIBUTION FOR REFORMED  21E who would obtain the delive on the delive on the delive on the delive of the delive on the delive of the delive on t	G HE WHICH OPERATION  D. PLACE OF INJURY (e.g., in the property of the propert	20 A. AUTOPSY? (Yes or N No in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?  21 F. HOW DID IN item of the body ofter death.  22 19 67 ond to view the body ofter death.  23 D. ADDRESS  25 DIMETERAL DIRECTO	OUASCULAY  O) 20B. IF YES, WEI IN CERTIFYING (  (If in Boltin  JURY OCCUR?  19 67 ta	REFINDINGS CONSIDERED CAUSES OF DEATH?  There can be considered on the considered on the considered on the considered on the caused on the considered on the	

No. of Contract of

67 11983 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11983

M.E	E. CASE NO.		0 011111107						
1. 1	NAME OF DECEASED			2. DATE AND HOUR PRONOUNC	ED DEAD				
(Typ	ARTHUR	F.	MAY	December 10, 196	7:45 A.				
	LACE IN BALTIMORE, MARYLAND	D, WHERE PRONOUNCED DEAD	4. USUAL RES	DENCE (Where deceased lived, If inst B. COU	itution: residence before admission)				
HO	L NAME OF (IF NOT IN HO SPITAL OR ADDRESS OR L TITUTION	SPITAL OR INSTITUTION, GIVE STREI OCATION)	C. CITY OR TO	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore					
)	0 721 St. Paul St.	(DOA)		DRESS (If rurol, give locotion)  . Paul St. Apt.	. 11				
5. S	EX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIR		If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.				
	ale White	Divorced	Oct.21,	1912 55					
	. USUAL OCCUPATION (Give kind of e during most of working life, even if reti	f work 10 B. KIND OF BUSINESS OR IN		(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
13. 1	Taxi Cab Driver		Md.	MAIDEN NAME	U.S.A.				
			Aye						
	Pleasant S. Ma	MED FORCES? 16. SOCIAL	17. INFORMAN		ADDRESS				
res	No No or unknown) (If yes, give wor or	dotes of service) SECORITI NO.		le Ruby 511 S. Vince	ent St.				
	1B. // )		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH				
CERTIFICATION	ANTECEDENT CA DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE ( UNDERLYING CONDITION LA  II  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU	IF ANY, GIVING A) STATING THE AST.  (C)  ONS CONTRIBUTING F RELATED TO THE	5						
CERI		CONDITION FOR WHICH OPERATIO		SY? (Yes or No.) 208. IF YES, WERE FII					
ED	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-		Y (e.g., in or about 21 C. street, office bldg., INJU	WHERE DID (If in Boltimore City, gi	ve exact location)				
Σ	21 D TIME (Month) (Doy) OF INJURY (APPROX.)	(Year) (Hour) 21E. INJURY OCCU	NOT WHILE AT WORK	HOW DID INJURY OCCUR?					
	22. 1 certify that I held on			nd that on this basis, death in n	ny opinion				
	resulted from: Noturo	I couses X Accident	_	MEDICAL EXAMINER					
	SIGNATURE ALL	Shite (		MEDICAL EXAMINER X	12/10/67				
03.4	TOTAL (T) PO)	r U. Spitz, M.D.							
	MOVAL (Specify)		ETERY or CREMATORY		, town, or county) (Stote)				
24	Burial 12/ A. DATE REC'D BY HEALTH DEPT. DEC 14 196	13-1967 St. Marys 248, NAME OF REGISTRAR 37 Color E. Faile	24C FUNI	Beltimor and The	ADDRESS				
1/5	151_PEV 1/1/45		133						

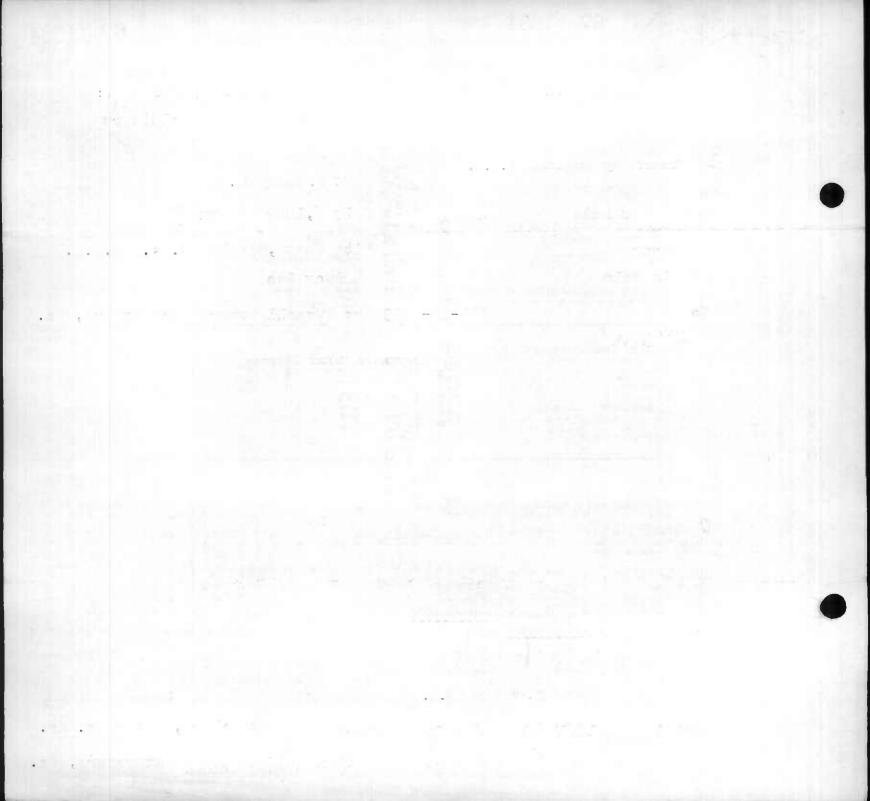


4-400

67 11984 BALTIMORE CITY HEALTH DEPARTMENT

67 11984

	TH NO.	WED	CALEX	CAMINER'S CE	RIFICATE	OF DEATH Re	gistered No	O LI	-00-1		
	E CASE NO.	CACED			10.54		UNICED DEAD				
(Ťy	pe or Print)	EASED			2. DA	TE AND HOUR PRONO	UNCED DEAD				
3.	PLACE IN BALT	RUBIN HAI IMORE, MARYLAND, W	E HERE PRONO	JNCED DEAD	December 10, 1967 7:30 p M.  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission.  8. COUNTY						
HD	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
3	Unive	ersity Hospit	al D.O	.A.	Baltimore D. STREET ADDRESS (If rurol, give locosion)						
- 1	SEX	L . B A . C S	7 44400100	NEWER ALABRIED	B. DATE OF BIRTH		,	1 9 1/ 11 1	0.4.14		
	Male	6. RACE Colored	WIDO WED,	NEVER MARRIED DIVORCED(specify)	July 5.19	9. AGE (In ) lost birthdoy)	Months	Doys Hours	Min.		
	e during most of v	vorking life, even if retired)	TOB KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZE WHA	T COUNTRY?			
13.	Labore FATHER'S NAM	er			White Post	Larke C	o.Va.	U.S.A.			
	Rubin	Hale			Lucy L						
(Ye		O EVER IN U.S. ARMED		16. SOCIAL SECURITY NO. 217-10-0623	17. INFORMANT	11 Household	ADDRESS		D.		
_	18. / /					11 Howard	Gettys	0.0	Pa.		
	(This does repeated foilure, injury or condition of the DISEASES RISE TO TH	I SE OR CONDITION DI LEADING TO DEATH not meon the mode of it meons which coused which coused where the coused on the coused of the coused on the couse of the couse	dying, e.g., the disease, death.)		of DEATH	sease		INTERVAL BI			
NO		II II		(C)							
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	101		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 20B, IF YES, WE	RE FINDINGS C				
MEDICAL	ZIA, EXTERNA UNDERLYING UTING CAU	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B, home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o	n or obout 21C. WHERE flice bidg., INJURY OCC	DID (If in Boltimore C UR?	ity, give exoct lo	cotion)			
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	22.	ify that I held an I				an this basis, death	in my apinior	1			
	ACTUAI SIGNAT EXAMIN	nanner 🗌	DATE SIG	GNED							
	NAME (	All an in come of		son, M.D.			Decemb		1967		
RE	A. BURIAL CREAMOVAL (Specify Burial		/67	Lincoln Cem  OF REGISTRAR		Gettysbur		s Co.	(Stote)		
	A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL DIR	RECTOR		sburg,	Pa		
VS	151-REV. 1/1/	EC 14 196/	The Probe	E. Jakery	John	Juniala	Gercy	spare,	1 0.0		
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(Тур	o ar Print)	TRCH	KE I	1111	AM CI	HADIFC	12.	-11-	69	1 11.	0.5
3. P	LACE OF DEATH IN	BALTIMORE, M.	ARYLAND	XXIPP	4. U	SUAL RESIDENCE	E (Where dece	osed lived. II	in stitution:	residence be	fare admi
		440			A. 3				p	DA	P
H	OSPITAL OR	(If not in hospital address or location		give stroot	c. c	ITY OR TOWN	(If outside ci	ly limits, write	e RURAL or	nd give town	ship)
7	NSTITUTION					Balt	thore			53	20.00
56	Frankli	h 890	are it	920	D. 5	TREET ADDRESS	(If rural, gi	ve lacation)			-
	1 Con Ci					840.	8-13	Gree	ehwa	14 R	bbo
5. S	EX 6. RA	CE	7. MARRIED	NEVER MARR	IED B. DA	TE OF BIRTH	9. AGE	(In years	If Und	of 1 Yr., If	Under 24
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15 1	CHARLE:	SPAI	SCHI	1 6. SOCIAL	117 14	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXX	(COUX)	ADDRESS	
(Yes	ono ar unknawn) (If ye	s, give war or da	los af service)	SECURITY		C	eleste P	atschke	, 840	8 Green	way
	YES	WWI		220-09	2-0826	DY. &	Lee	21234		- 8.1	1
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MEDICAL CERTIFIC	injury or complication  ANTEC  DISEASES OR COMISE to the obounderLying Community of the com	an which couse CEDENT CAUSE CEDENT CAUSE CONDITIONS, if tive cause (A) NDITION lost.  I T CONDITIONS BUT NOT REL NOT	ony, giving staling the CONTRIBUTIN ATED TO THIT. NOTION FOR REFORMED  218 hometr. Why was all attended to see alive an	WHICH OPERA  L PLACE OF IN. n.e., farm, factory  I thyjury OCCI wile At whe deceased	TION 2  JURY (e.g., in or a , , street, office b  URRED  Nat While  At Wark	boui 21 C WHERE INDURY OC	DID INJURY O	IF YES, WER CERTIFYING C	E FINDING CAUSES OF	ve exact lac	atian)
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MEDICAL CERTIFIC	injury or complication  ANTEC  DISEASES OR COLING  ISEASE OR COLING  OTHER SIGNIFICAN  TO THE DEATH  DISEASE OR COND  19A. DATE OF OPER.  21A. ACCIDENT WA  OR CONTRIBUTING  DEATH (notify medic  21D. TIME  OF INJURY  (APPROX.)  22. I certify that (I) (we) last is  and haur and from  23A. SIGNATURE	an which couse CEDENT CAUSE CEDENT CAUSE CONDITIONS, if tive cause (A) NDITION loss.  I T CONDITIONS BUT NOT REL HITON CAUSING ATION 198. CO WAS PE LS UNDERLYING CAUSE OF al examiner)  II) (this hospital saw the deceas the causes sta	ony, giving staling the CONTRIBUTIN ATED TO THIT.  NOTION FOR REFORMED  218 hon etc.  (Hauth 218 Who was all) attended to each above. (	WHICH OPERA  L PLACE OF IN. n.e., farm, factory  I thyjury OCCI wile At whe deceased	TION 2  JURY (e.g., in ar a, stree), office b  URRED  Not While At Work  fram  did not) view t	baui 21 C WHERE idg. INJURY OC 21F. HOW I	DID CUR?  DID INJURY O  19 6 4  and that in (a) death.	IF YES, WER ERTIFYING C (If in Baltim CCUR?	E FINDING CAUSES OF Pinian dec	ve exact lac	19d d an th
MEDICAL CERTIFIC	Injury or complication  ANTEC  DISEASES OR COLIISE to The obounderstring Continued to The Death  OTHER SIGNIFICAN TO THE DEATH  DISEASE OR COND  19A. DATE OF OPER.  21A. ACCIDENT WAOR CONTRIBUTING  DEATH (natify medic  21D. TIME (Man  OF INJURY  (APPROX.)  22. I certify that ( that (I) (we) last and haur and fram  23A. SIGNATURE	an which couse CEDENT CAUSE CEDENT CAUSE CONDITIONS, if tive cause (A) NDITION lost.  I T CONDITIONS BUT NOT REL NOT	ony, giving staling the CONTRIBUTIN ATED TO THIT.  NOTION FOR REFORMED  218 hon etc.  (Hauth 218 Who was all) attended to each above. (	WHICH OPERA  L PLACE OF IN. n.e., farm, factory  I thyjury OCCI wile At whe deceased	JURY (e.g., in ar a, street, office b	baui 21 C WHERE INDURY OC 21F. HOW I	DID CUR?  DID INJURY O  19 6 4  and that in (a) death.	IF YES, WER ERTIFYING C (If in Baltim CCUR?	E FINDING CAUSES OF Pinian dec	ve exact lac	196 d an th
MEDICAL CERTIFIC	injury or complication  ANTEC  DISEASES OR COLING  ISEASE OR COLING  OTHER SIGNIFICAN  TO THE DEATH  DISEASE OR COND  19A. DATE OF OPER.  21A. ACCIDENT WA  OR CONTRIBUTING  DEATH (notify medic  21D. TIME  OF INJURY  (APPROX.)  22. I certify that (I) (we) last is  and haur and from  23A. SIGNATURE	an which couse CEDENT CAUSE CEDENT CAUSE CONDITIONS, if tive cause (A) NDITION loss.  I T CONDITIONS BUT NOT REL HITON CAUSING ATION 198. CO WAS PE LS UNDERLYING CAUSE OF al examiner)  II) (this hospital saw the deceas the causes sta	ony, giving staling the CONTRIBUTIN ATED TO THIT.  NOTION FOR REFORMED  218 hon etc.  (Hauth 218 Who was all) attended to each above. (	WHICH OPERA  L PLACE OF IN. n.e., farm, factory  I thyjury OCCI wile At whe deceased	JURY (e.g., in ar a, street, office b	bout 21 C WHERE INDURY OC 21F. HOW I	DID CUR?  DID INJURY O	IF YES, WER ERTIFYING C (If in Baltim CCUR?	pinian dec	ve exact lace	19d d an th
MEDICAL CERTIFIC	injury or complication  ANTEC  DISEASES OR COLING  ISEA to the oboun UNDERLYING CONTINUED TO THE DEATH DISEASE OR COND  19A. DATE OF OPER.  21A. ACCIDENT WAON CONTRIBUTING DEATH (notify medic)  21D. TIME OF INJURY (APPROX.)  22. I certify that (that (I) (we) last that (I) (we) l	an which couse CEDENT CAUSE CEDENT CAUSE CEDENT CAUSE CONDITIONS, if the cause (A) NDITION lost.  II T CONDITIONS BUT NOT RELITION CAUSE CAUSE OF all examiner)  II) (this hospite saw the deceas the causes sto	ony, giving staling the CONTRIBUTIN ATED TO THIT.  NOTION FOR REFORMED  218 hon etc.  (Hauth 218 Who was all) attended to end alive an attended above. (	WHICH OPERA  L PLACE OF IN. n.e., farm, factory  I thyjury OCCI wile At whe deceased	JURY (e.g., in ar a, street, office b	baui 21 C WHERE INDURY OC 21F. HOW I	DID CUR?  DID INJURY O	IF YES, WER ERTIFYING C (If in Baltim CCUR?	pinian dec	ve exact lace	196 d an th
MEDICAL CERTIFIC	Injury or complication  ANTEC  DISEASES OR COLIISE to the obounderLying Continue to the obounderLying Continue to the continue to the contribution of the contribution	an which couse CEDENT CAUSE DINDITIONS, if tive cause (A) NDITION lost.  I T CONDITIONS BUT NOT REL HITON CAUSING ATION 19B. COI WAS PE AS UNDERLYING CAUSE OF al examiner)  II) (this hospita saw the deceas the causes sta	d death.)  S  ony, giving staling the CONTRIBUTIN ATED TO THIT.  NOTION FOR REFORMED  218 who would attended the dealive an attended above. (	G HE WHICH OPERA:  R. PLACE OF IN. n.e., farm, factory.)  I thy URY OCCI  Thile At	THON 2  JURY (e.g., in or a r, street, office b)  URRED  Nat While At Wark  fram  M.D. Attending Phys.  23D. A	baui 21 C WHERE idg., INJURY OC 21F. HOW I	DID CUR?  DID INJURY O	IF YES, WER ERTIFYING COUR?  (If in Boltim  CCUR?	pinian dec	ve exact lace	196 d an th
MEDICAL CERTIFIC	Injury or complication  ANTEC  DISEASES OR COMISE to the oboun DERLYING CONTOURNER SIGNIFICANTO THE DEATH  OTHER SIGNIFICANTO THE DEATH  DISEASE OR COND  19A. DATE OF OPER.  21A. ACCIDENT WAOR CONTRIBUTING  DEATH (notify medic  21D. TIME (Manior Control of Injury (APPROX.)  22. I certify that (that (I) (we) last that (I) (we) last tha	an which couse CEDENT CAUSE DINDITIONS, if tive cause (A) NDITION lost.  I T CONDITIONS BUT NOT REL HITON CAUSING ATION 19B. COI WAS PE AS UNDERLYING CAUSE OF al examiner)  II) (this hospita saw the deceas the causes sta	d death.)  S  ony, giving stating the CONTRIBUTIN ATED TO THIT.  NOTITION FOR REFORMED  218 who would attended the dalive an attended above. (	G HE WHICH OPERA:  R. PLACE OF IN. n.e., farm, factory.)  I thy URY OCCI  Thile At	TION 2  JURY (e.g., in ar a r, street, office b  URRED Not While At Work  fram At Work  fram Attending Phys.  M.D. Attending Phys.  23D. A	baui 21 C WHERE idg., INJURY OC 21F. HOW I	DID INJURY O	IF YES, WER CERTIFYING COUR?  One of the court of the cou	pinian dec	ve exact lace  the accurrence of the signed	196 7
WEDICAL CERTIFIC	Injury or complication  ANTEC  DISEASES OR COLIISE to the obounderLying Continue to the obounderLying Continue to the continue to the contribution of the contribution	an which couse CEDENT CAUSE DINDITIONS, if tive cause (A) NDITION lost.  II T CONDITIONS BUT NOT REL HITON CAUSING ATION 19B. COI WAS PE AS UNDERLYING CAUSE OF al examiner)  II) (this hospital saw the deceas the causes state  S. Lee N, 24B. DATE 12-15-	d death.)  S  ony, giving stating the CONTRIBUTIN ATED TO THIT.  NOTITION FOR REFORMED  218 who would attended the dalive an  attended above. (	WHICH OPERA  L. PLACE OF IN. n.e., farm, foctory.  L. INJURY OCCI nile At The deceased  I) (We) (did) (	TION 2  JURY (e.g., in ar a r, street, office b  URRED Not While At Work  fram At Work  fram At Work  M.D. Attending Phys.  M.D. Attending Phys.  ERY or CREMATO  CERY or CREMATO	baui 21 C WHERE idg., INJURY OC 21F. HOW I	DID CUR?  DID INJURY O	IF YES, WER ERTIFYING COUR?  (If in Boltim  CCUR?	pinian dec	ve exact lace  the accurrence of the signed	19 6 d an th

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## 67 11986 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 11986

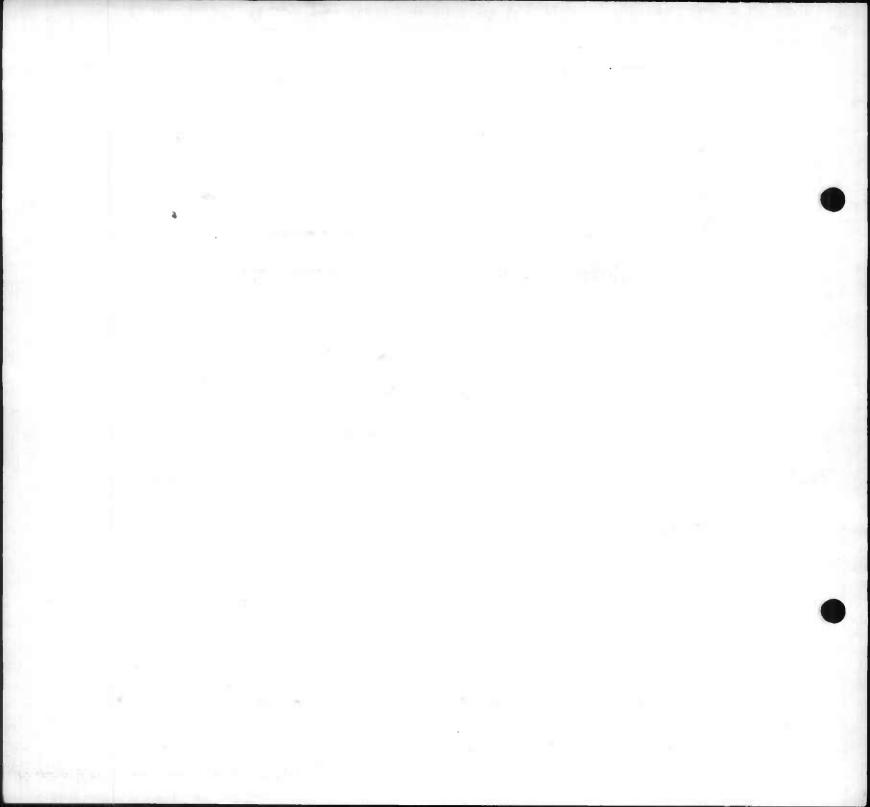
1		67 1	1986 BALT	IMORE CITY HEAI	TH DEPARTMEN	ıT	1/	27 11000	
K-320	BIRTH NO.			MINER'S C	ERTIFICAT	E OF DEATH Re	gistered No	31 11300	
× 290	M.E. CASE NO.								
	THEODOR	CEASED				2. DATE AND HOUR PRONO			
			т.	KATU		December 12,	1967	8:00 A. M.	
	3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOUNCE	ED DEAD	A. STATE	ENCE (Where deceased lived.	If institution: resi	dence before admission)	
	FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITUTION	N, GIVE STREET	Maryla	.NA VN (II outside corporate limits,		imore	
	INSTITUTION	ADDRESS OR EGG						and give to the time in pr	
2	Baltim	ore City Hosp	pitals			more - Dundalk		3-00	
	1				2802 P	lainfield Road			
	5. SEX	6. RACE	7. MARRIED, NEV		B. DATE OF BIRTH		rears If Unde	r 1 Yr. If Under 24 Hrs.	
	Male	White	Married	RCED (specify)	Oct. 20,	1920 last birthday	Manths	Days Haurs Min.	
	10A. USUAL OCC	UPATION (Give kind of wo	rk 108. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE	State as foreign country)	12. CITIZ		
	Steam De	working life, even il retired Ppt.		Steel Co.	Marylan	.d		S. A.	
- O 1 - F 1 - F	13. FATHER'S NA	ME			14. MOTHER'S M.				
	Stanley	Katusz				Olszewski			
		ED EVER IN U.S. ARME		SOCIAL SECURITY NO.	17. INFORMANT	Wife) Du	ndalk, I	d. 21222	
	Yes	Navy WWII		3-05-5260	Mrs. Dori	s E. Katusz, 28	02 Plain	field Rd.	
	1B X	124.		CAUSE	OF DEATH			INTERVAL BETWEEN	
	DISEA	SE OR CONDITION D	DIRECTLY					ONSET AND DEATH	
	(This does	not mean the mode of			-Cerebral	Injury	=00000000000000000000000000000000000000	* 0 H H H H H O O O O O O O O O O O O O O	
	heart failure	e, asthenia, etc. It mean amplication which coused	ns the disease,	DUE TO					
		OR CONDITIONS, IF		(B)	********************************		***************************************	************	
	RISE TO TI	HE ABOVE CAUSE (A) NG CONDITION LAST	STATING THE	501.10					
	Z Z			(C)	*****				
	OTHER SIG	II II							
	TI DISTAGE	DEATH BUT NOT R OR CONDITION CAUSIN	ELATED TO THE						
		F OPERATION 198. CO	NDITION FOR WHIC	H OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED				
	104		RFORMED		Yes	IN CERTIFYING	CAUSES OF DE	Yes	
	V 21 A. EXTERNA	OR CONTRIB-	21 B. PLAC	E OF INJURY (e.g.,	1 1 03 0 14	OCCUR? Plainfiel	ity, give exact lo	1 1	
	D UTING LCM	JSE OF DEATH.	etc.)	Street	of	Oakwood Road	a Road -	54 ft. South	
	21D TIME OF INJURY	(Month) (Doy) (Ye		NJURY OCCURRED	21 F. HC	W DID INJURY OCCUR?			
	(APPROX.)	12/9/67 7:	01 P. m. WHILE	AT W	WHILE X P	edestrian struc	k by car	53-00	
	22. 1 certify that I held an Inquiry Inspection Autopsy X and that an this basis, death in my apinion								
		Ited fram: Natural c		lent X Suicid					
				301210		EDICAL EXAMINER	idililei		
	ACTUA		1 7	7-		EDICAL EXAMINER		DATE SIGNED	
	SIGNAT	11	er U. Spit	z, M.D.		EDICAL EXAMINER		12/12/67	
	NAME	Type)	o. spic	4, M.D.		TOTAL EVAMILE!		12/12/01	
	23A, BURIAL CRI REMOVAL (Speci	ly)		AME of CEMETERY o	CREMATORY	23D. LOCATION	(City, tawn, ar o	county) (State)	
	Burial	12/15/	67 Gard	dens of Fai	th Cem.	Bal	timore, 1	Md.	
	24A, DATE REC'D	BY HEALTH DEPT.	24B, NAME OF R	7 /	24C. FUNERA			ADDRESS	
144-41-43		AFF V # 1201	46 Colout E	, Jankey MA	John J	. Duda, 7922 Wis	se Ave. T	Jundalk wa	
	VS 151-REV. 1/1	/65	21 12					MO.	
		118	36.00	A PROPERTY.	6.4				

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VS 150-REV. 1/1/65

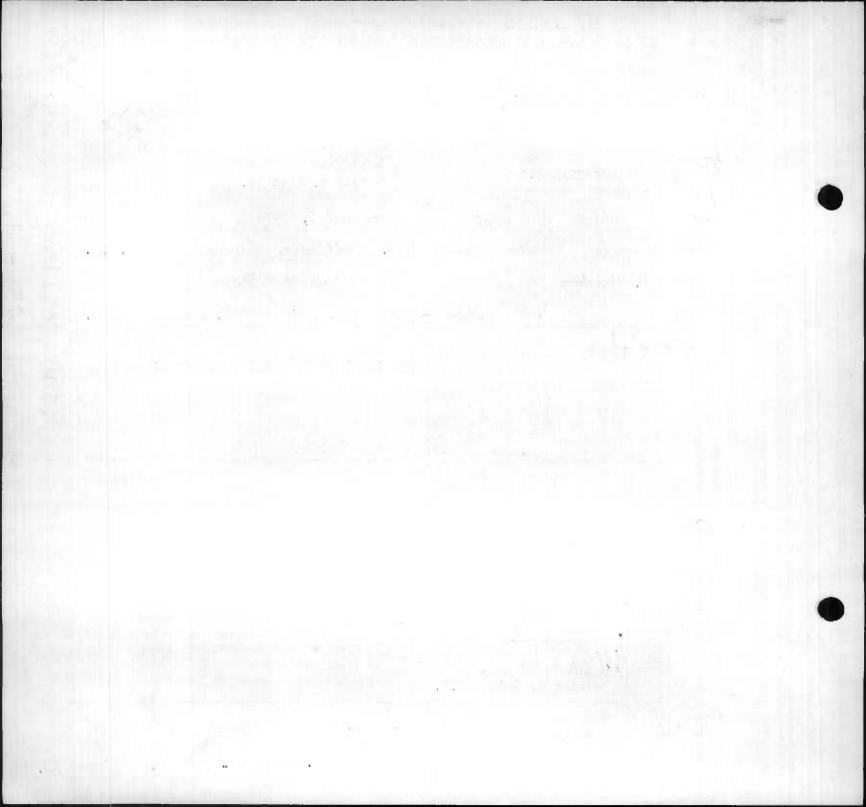
Such (

67 11987 BALTIMORE CITY HEALTH DEPARTMENT	1100
M.E. CASE NO.	67 11987
1. NAME OF DECEASED & CEY (Type or Print)  2. DATE AND HOUR OF DEATH (Type or Print)	7 1 630 p M
3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If ins	stitution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION  C. CITY OR TOWN (If outside city limits, write)	URAC and give township
BOLTON, MURSING CENTER, D. STREET ADDRESS (If rurol, give locotion)	8-01
202 Nitrement	AVO.
MALE DEGREE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED (specify) 12/28/97 Post birthdox)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLAGE (State or foreign country)  done during most of working life, even if refired)  Lindow Charles Roll  Ro	12. CITIZEN OF WHAT COUNTRY?
13, FATHER'S NAME	CO 371.
Willisitil acay Marshall ?	
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  17. INFORMANT  SECURITY NO.	ADDRESS
No 217-07-97% BOL TON HILL	
18. 443 X I CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1. mod th
(This does not meen the made at dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury ar camplicotian which caused death.)	44.
ANTECEDENT CAUSES  (B) Type to C Voltages	
rise to the abave cause (A) stating the (C) authority The The Control of the Cont	years
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN CERTIFYING CAL	INDINGS CONSIDERED
TA. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY le.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	City, give exact location)
21D. TIME IMonth) IDoy) (Year) IHour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Mork Not While At Work	
22. 1 certify that (1) (this hospital) ottended the deceased from 12/7 1967 ta	12/12 1967
22. I certify that (I) (this hospital) ottended the deceosed from 12/7 1967 ta that (I) (we) lost saw the deceosed alive an 12/12 19.67 and that in (my) (our) optimized the deceosed of the deceosed of the deceosed from 19.67 and that in (my) (our) optimized the deceosed of the deceosed from 19.67 and that in (my) (our) optimized the deceosed from 19.67 and the dec	nion death occurred on the date
ond haur ond fram the causes stoted above. (1) (We) (did) (did not) view the body after deoth.	
23A. SIGNATURE  M.D. Attending Med. Stoff	23B. DATE SIGNED
23C. PHYSICIAN'S 23D. ADDRESS	12/12/67
NAME (TYPE) LLAN H. MACHT M.D. 2 E. READ ST.	BAN NJ 2/202
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION 10th	y, tawa or county) (Stote)
2/15/67 While Manora Ford William 1/256, ENDERLY DIRECTOR	/O/r
25A. DATE REC'S BY HEALTH SEPT. / 25S. NAME OF REGISTRAN 25C. FUNERAL DIRECTOR / WILLIAMS FUNERAL HOME	1 3199 MANNE
VS 150 DEV 1/1/65	- VI III VIVIVIVI



D-500 BIRTH NO. 67. 11988 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NO. 7 11988

M.I	E. CASE NO.										
1. I	NAME OF DE	CEASED					2. DATE ANI	D HOUR PRONOUNC	ED DEAD		
. ,	JAMES			В.	I	ONOHUE	Dece	mber 12, 19	67	9:50	A . M.
3. F	PLACE IN BALT	TIMORE, MARY	LAND, W	HERE PRONOL	INCED DEAD	4. USUAL RES	SIDENCE (Where	deceosed lived. If ins B. COL	titution: resid	ence before o	dmission)
HO	LL NAME OF	(IF NOT I	OR LOCA	L OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR T	OWN (If outside	e corporate limits, writ	RURAL on	d give toovnsh	ip)
4	10					Balti					
1	ST AG	NES HOS	PTTAL	(DOA)		0.1-	DRESS (If rurol,				
6							E. 41st S		T		
5. \$	EX	6. RACE			NEVER MARRIED DIVORCED(specify)	B. DATE OF BI		9. AGE (In years lost birthdoy)		1 Yr. If Under Doys   Hours	
	Male	Whi		Mar	ried	August	2, 1914	53			
	. USUAL OCC!			108, KIND OF	BUSINESS OR INDUSTRY	0 1	E (State or foreig	n country)	12. CITIZE	COUNTRY?	
	lool En	gineer		Westi	nghouse (orp	Balt	imore, M	aryland	u.	S.A.	-
13.	FATHER'S NAN	ΛE .				14. MOTHER'S	MAIDEN NAMI				
	James					Eliza	abeth Mc	Shane			
	WAS DECEASE s, no or unknown				16. SO CIAL SECURITY NO.	17. INFORMAN	IT		ADDRESS		
	No				212-01-0394	Mrs.	Elizabe	th F. Donoh	ue 94	t2 E. 41	st Sz
	1B. 1/2	211			CAUSE	OF DEATH				INTERVAL BE	
	DISEA	SE OR COND	ITION DIE	RECTLY							
	(This does	LEADING T		duina e a	(A) Arter	riosclero	otic Card	iovascular	Diseas	e	
	heort foilure	, osthenio, etc.	It meons	the diseose,	DUE TO						
		ANTECEDENT			(B)						
	RISE TO TH	OR CONDITION	USE (A) ST		DUE TO						
z	UNDERLY	NG CONDITIO	ON LAST.		(C)						
5		11	_								
Y		NIFICANT CO									
Ē		R CONDITION			HE						
CERTIFICATION	19A. DATE OF	OPERATION	198, CON		WHICH OPERATION	20A. AUTOF	SY? (Yes or No)	208. IF YES, WERE FI			
	2						Zes			Y	es_
MEDICAL	UNDERLYING	OR CONTRIB	-	home	PLACE OF INJURY (e.g., , form, foctory, street, o	in or obout 21C.	JRY OCCUR?	(If in Boltimore City, g	ive exoct loc	cotion)	
ED	UTING L CAU	ISE OF DEATH	l.	etc.)							
2	21 D TIME OF INJURY	(Month) (D	oy) (Yeor	(Hour) 2	TE. INJURY OCCURRED	21 F.	HOW DID INJU	JRY O CCUR?			
	(APPROX.)				VHILE AT NOT	WHILE ORK					
	22. 1 cer	tify that I he	ld an Ir	nquiry 🗌	Inspection Aut	apsy X	and that an thi	s basis, deoth In	my apinion		
	resul	Ited frem: No	atural cau	ses X A	ccident Suicid	e Hami	icide 🗌 👢	Indetermined mann	er 🗌		
		1000		1		CHIEF	MEDICAL EX	AMINER -		The same	
	ACTUA		2119	4	27	ASSISTANT	MEDICAL EX	AMINER X		DATE SIG	NED
	SIGNAT	V -	100	TT 6-24			MEDICAL EX			12/12/	67
	NAME (	Type)	erner	U. Spir	Z, MeD.	ASSOCIATE		Land Land			
	MOVAL (Specif		B. DATE	23	C. NAME of CEMETERY	CREMATORY	23 D. L	OCATION (City	, town, or co	ounty) (	Stote)
	Burial		2/15/	1067	Loudon Par	& Comoto	2.711	Baltimore,	Mary	land	
	A. DATE REC'D			24B, NAME	OF REGISTRAR		ERAL DIRECTOR	200000000000000000000000000000000000000	A	DDRESS	
		DEC 14		000	QIA	John	A. Monan	Inc. 3000	E R- 1	4:	C
	-	APA TE	IVVI	White	G, Takkura	9		7,000	C. Dur	Lunore	Jto



OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR

ANTECEDENT CAUSES

oddress or location)

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

MEDIC (Month) (Doy) (Year) 21 D. TIME OF INJURY

(APPROX) 12-11-67

UNDERLYING CONDITION lost,

22. I certify that (I) (this (hospital) attended the deceased from that (1) (we) last saw the deceased alive an 12-12

and haur and from the causes stated aboye. (1) (We) (did) (did nat) view the body after death.

23A. SIGNATURE

Attending | Phys. 23D. ADDRESS Director Phy s. L

23B, DATE SIGNED

23C. PHYSICIAN'S NAME (Type)

SQUARE

24A. SURIAL CREMATION, 24B. DAT

VS 150-REV. 1/1/65

FUNERAL

hospital 0 approval O prior at

shows:

hospital

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any nature;

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and

eath)

deceased 0

BIRTH NO.

M.E. CASE NO. I, NAME OF DECEASED

(Type or Print)

FULL NAME OF HOSPITAL OR

INSTITUTION

13. FATHER'S NAME

Deceased death

cause; (5) cause

> etermined in regular

0 death. ance

attend

is made.

final disposition

0

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MOS the

death

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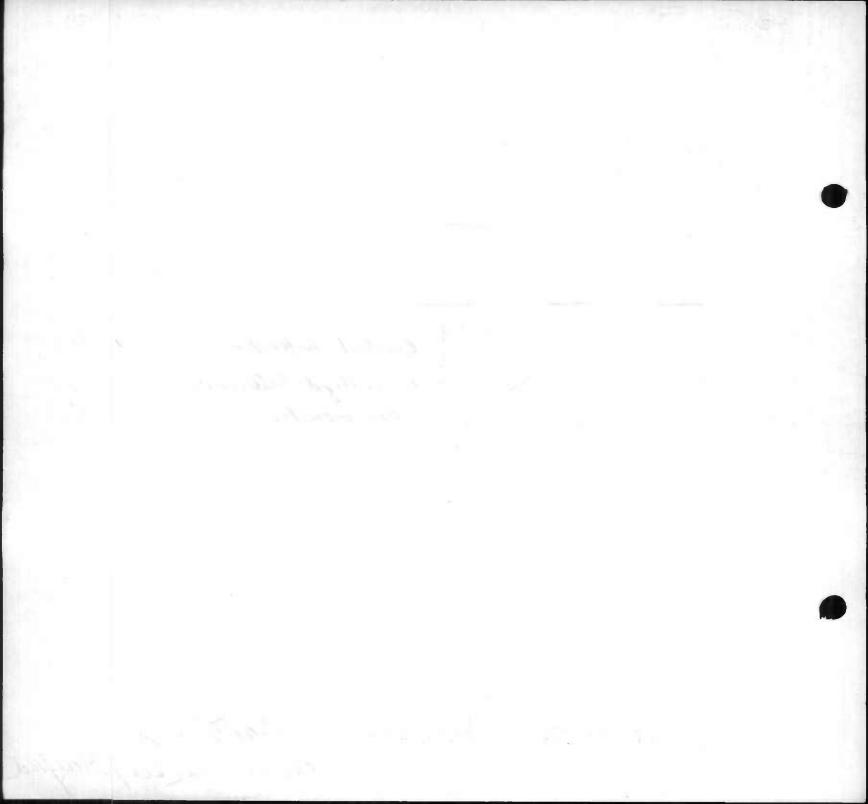
where the physician

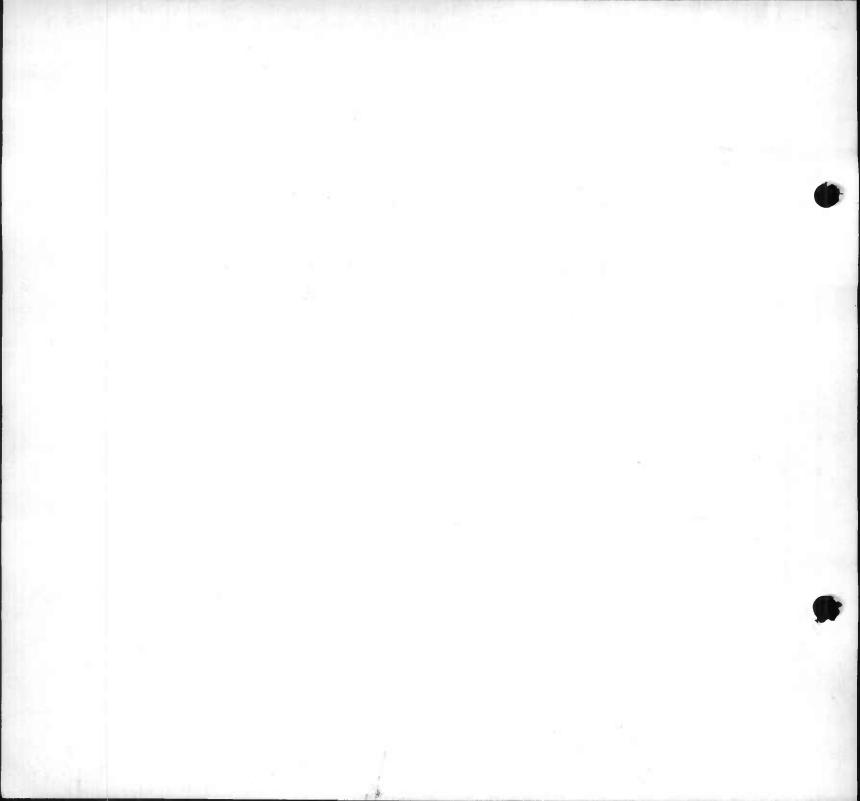
(6) No physician

5. SEX

24C, NAME OF CEMETERY OF CREMATORY

C. FUNERAL DIRECTOR





This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

		BALTIMORE CITY	HEALTH DEPARTMENT		OPT ALOOS
	ETH NO. 67 11991	CERTIFICA	TE OF DEATH		67 11991
	pe or Print) BROWN	ERNEST	2. DATE AND	HOUR OF DEATH	D ,
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whore A. STATE B. COUNT	deceosed lived. If i	
	FULL NAME OF (If not in hospital or institution oddress or location)	, give street	C. CITY OR TOWN (If outs	ide city limits, write	RURAL ond give township)
5	INSTITUTION T	10	BALTIMOR		
	University Hos	pera		urol, give location) NT STREA	RT
5.		D, NEVER MARRIED ED, DIVORCED (specify)		AGE (In years ost birthdoy)	If Under 1 Yr. It Under 24 Hr. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND ( ne during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	Maryla Maryla	n country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME LINK		14. MOTHER'S MAIDEN NAM	IE (	
15. Was Doceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give war or dotes of service)  217-05-717			17. INFORMANT		ADDRESS
	18. 157X	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pan	creatic, Con	rendrae	151
	(This does not meon the mode of dying, e.g heart failure, asthenia, etc. It means the diseas				
	injury or complication which coused death.)  ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, givin				
	rise to the obove couse (A) stoting th UNDERLYING CONDITION lost,				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
ERTIFICA	19A DATE OF OPERATION 19R CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CALCE	OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner)	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of c.)	or obout 21C. WHERE DID ince bidg., INJURY OCCUR?	(If in Baltimo	ore City, give exoct locotion)
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
<	(APPROX)	Vhile At Not While At Work		4 -	
	22. I certify that (I) (this hospital) attended				12/8 1967
	that (I) we lost saw the deceased alive an and haur and from the causes stated above.		_	t In (my/ tour) ale	pinion death occurred on the do
	23A. SIGNATURE	(17) 200 (010) 210 11017 (	Tew file body offer decili.	•	23B. DATE SIGNED
	PKURT P SI	16AR M.D. Atte	ending Med. Director	Stoff Phys.	112/8
	23 C. RHYSICHAN'S NAME (Type)	M.D.	23D. ADDRESS		
24		NAME OF CEMETERY OF CRI	MATORY 24D. LO	SENTION IC	City, town, or county) (State)
	Buria 12/15/67	Put an	burn 1	alti	une. Md
25	A. DATE REC'D BY HEALTH DEPT. 28. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	1 No	D ADDRESS RAPA
	UEC 1 # 1301 VIolen	O C' 1000	Charle	DCX 16	ecca bill st
V\$	150-REV. 1/1/65		6.3		·

Lunk Shoule Beenla

H. 620

M.E. CASE NO.									
1. NAME OF DEC	CEASED	0	17.	DDTC		HOUR PRONOUNCE		2.25	D
GEORGE	IMORE MARYLAND, W	U.		ARRIS		er 12, 1967	ution: residence	2:25	r. M
		TIERE TROTTO		A. STATE Mary	land	eceosed lived. If instit B. COU	NTY	501010	01111 3 310
FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TO	WN (If outside	corporate limits, write	RURAL ond gi	re towns!	nip)
NSTITUTION				Balt:	imore	2	1-0	/	
908 Bu	rgundy St.				DRESS (If rurol, g	ive location)			
					Burgundy				
5. SEX	6. RACE	7. MARRIED, WIDOWED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIR		9. AGE (In years	Months Doys	If Unde	r 24 Hrs Min.
Male	Negro	Wido	wed	2/18/0		62			1
OA. USUAL OCCU	JPATION (Give kind of worl vorking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTR				12. CITIZEN C	F UNTRY?	
Labor	er			Washi	ngton, I	D.C.	U.S.	A.	
3. FATHER'S NAM				14. MOTHER'S A	AAIDEN NAME				
Char	ley Harris			Mary					
	O EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
			217-09-79	70 Rose	etta Joh	nnson 4022	2 Green	spr	ing
1B. 15-	) X 1		CAUS	OF DEATH				RVAL BE	
DISEA	E OR CONDITION DI	RECTLY						EI AND	DEATH
(This does	LEADING TO DEATH		(A) Carci	noma of Pa	ancreas				
heart failure,	not mean the mode of asthenia, etc. It means application which caused	the disease, death.)	560 10						
	NTECEDENT CAUSE	,							
DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B)		••••			•••••	
	E ABOVE CAUSE (A) S'	TATING THE							
Z			(C)						
OTHER SIGN TO THE DISEASE OF 19A. DATE OF	II NIFICANT CONDITIONS	CONTRIBUTIO	i.c						
TO THE	DEATH BUT NOT RE	LATED TO T							
19A. DATE OF	OPERATION 198 CON		WHICH OPERATION	20A. AUTOPS	Y? (Yes or No) 20	B. IF YES, WERE FIN	DINGS CONSI	DERED	***************************************
	WAS PER			N	110	CERTIFYING CAUS			
	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., , form, foctory, street,			in Boltimore City, giv	e exoct locotio	1)	
UTING CAU	OR CONTRIB- SE OF DEATH.	etc.)	, torm, toctory, street,	office bidg., INJU	RY OCCUR?				
21D TIME	(Month) (Doy) (Year	r) (Hour) 2	1E. INJURY OCCURRED	21 F. H	OW DID INJUR	Y OCCUR?			
OF INJURY (APPROX.)		v	VHILE AT NOT	WHILE					
22.			VORK LAT V						
	ify that I held an I		Inspection X Au			bosis, death in m			
resul	ted from: Notural ca	uses X A	ccident Suicio	_		determined manne	r		
	1100	1	1		MEDICAL EXA		D	ATE SIG	NED
ACTUAI									MED

ASSOCIATE MEDICAL EXAMINER

24C. FUNERAL DIRECTOR

23D. LOCATION

12/12/67

(City, town, or county)

Brooklyn, Maryland

Charles A. Rice 661 W. Barre St.

EXAMINER'S NAME (Type)

24A. DATE REC'D BY HEALTH DEPT.

23A. BURIAL CREMATION, REMOVAL (Specify) Burial Werner U. Spitz, M.D.

DEC 14 1967 Robert E. Farligna

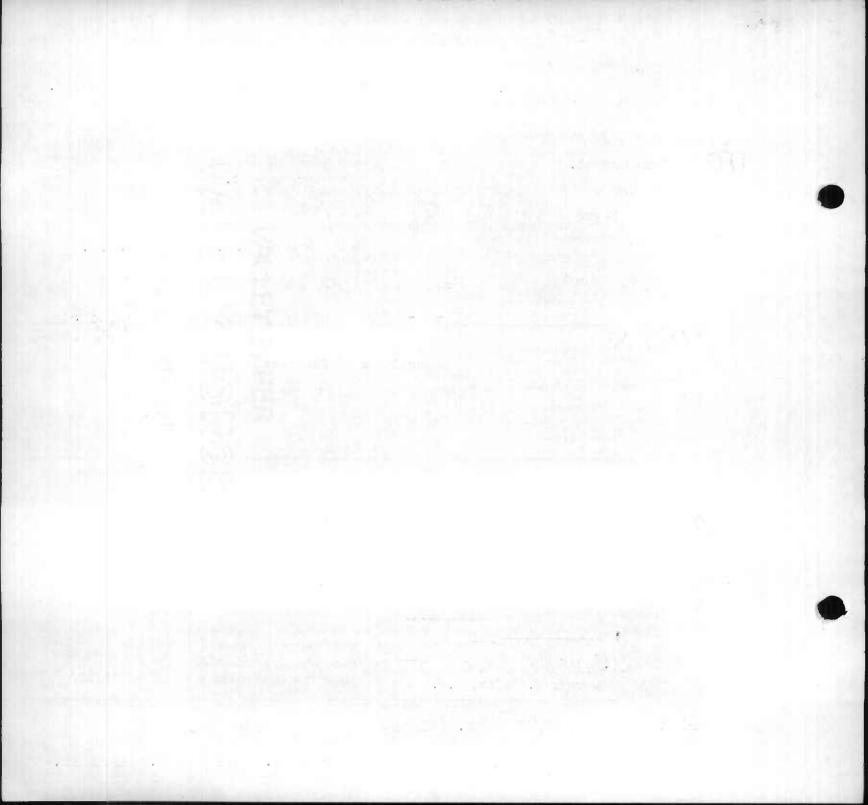
248 NAME OF REGISTRAR

23B. DATE

12/16/67

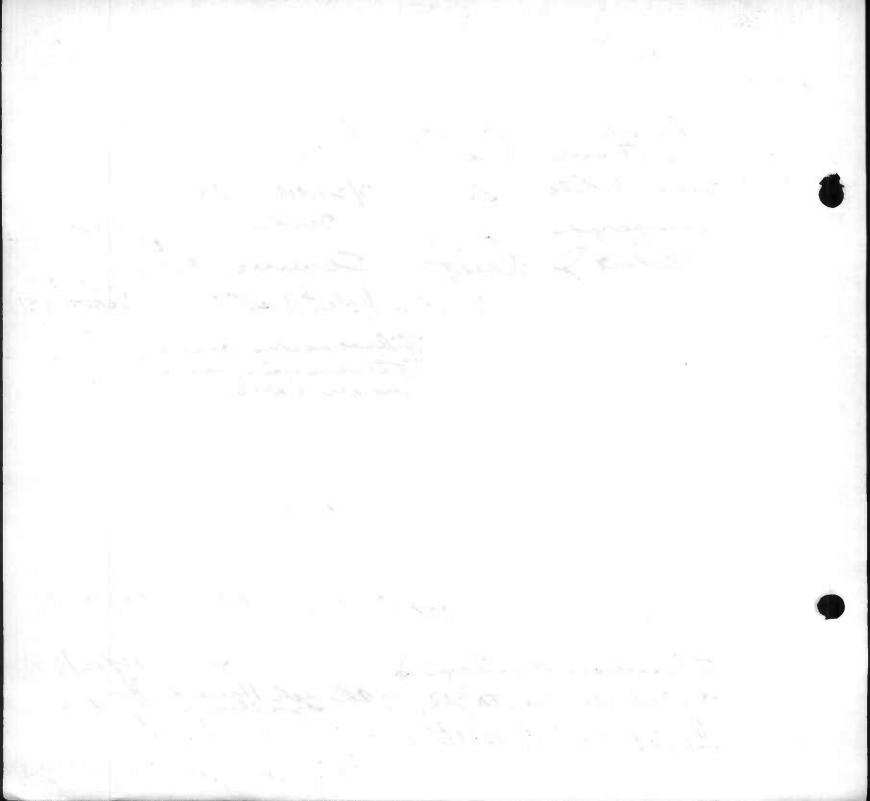
DEC. NAME OF CEMETERY OF CREMATORY

Mt. Calvery

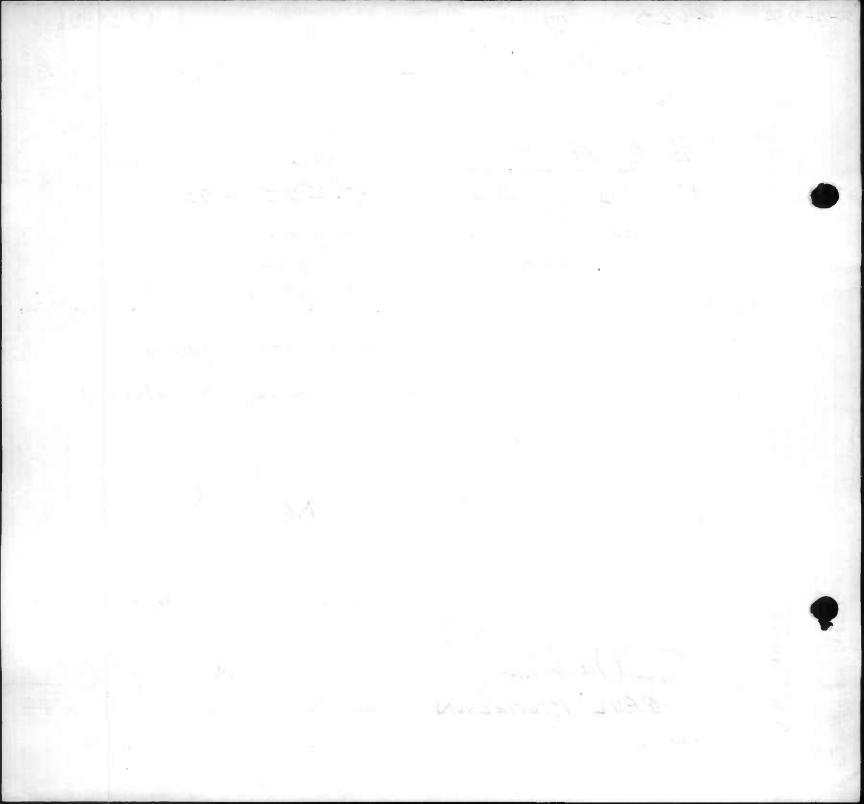


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BITTH NO.  1993 CERTIFICATE OF DEATH  PROPERTY OF STATES AND STATES AND HOUSE OF DEATH  1993 CERTIFICATE OF DEATH  1994 CERTIFICATE OF DEATH  1994 CERTIFICATE OF DEATH  1995 CERTIFICA		ON A		HEALTH DEPARTMENT	67	11993
Detail and Double of Details   Details and Details   Details and Details   Details and Details	- 11		L993 CERTIFICA	TE OF DEATH	Registered No.	11000
FULL NAME OF ORDITOR DISTRICT ORDITORS DESCRIBED IN SCHOOL OF THE TOWN OF THE	Ш	1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	v = 1:- = 1
HULL RANK OF ITERAT ROBERTS OF INCENTION CONTINUE TO THE PROPERTY OF THE PROPE		3. PLACE OF DEATH IN BALTIMORE, MARYLAND	p Kraf	4. USUAL RESIDENCE (Where	deceased lived. If institu	ution: residence before odmission)
MOSTIAL ON locations on locations of locations of locations of locations of listing on the location of listing on the location of listing of li		FILL MAKE OF HE and in benefits as institute	ilea diversity	A. STATE B. COUNT	Υ	not P
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This does not menden the mode of dyring, e.g., internal conditions which caused death)  ANTICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with counties with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, if e.g., internal conditions with caused death)  NATICEDENT COUNTION S, i		HOSPITAL OR oddiess or location)	ion, give stieer	C. CITY OR TOWN (If outs	ide city limits, write RUR	AL dnd give township)
5. SEX  D. RACE  D. MARRIED  NEVER MARRIED  NOTE: DESCRIPTION OF REAL PROPERTY OF THE DESCRIPTION OF RESIDENCE OF INDUSTRY TO.  ID. DATE OF BIETH  P. ADE (In year)  J. MARRIED  NEVER MAR	-	Church How	et Hogo.	Ballin	ne u	33.00
WIDOWID, BYORCED (appecify)  104. USIAL OCCUPATION (Give and of work) 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHELE CISSue or foreign country)  115. FATHER NAME  116. MOTHER'S NAME  117. MOTHER'S MAIDEN NAME  118. OCCUPATION OF THE SOCIAL TO THE SOCIAL	7	Baltimore, 7	me.	5923	fleady	Spring Que
COUNTRY   COUNTRY						Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
13. ALTHER SHAME  14. MOTHERS MAIDEN NAME  15. Was Decented Even in U. S. Almed Service)  15. CAUSE OF DEATH  16. O'CHAIN STREET SHAME  17. INFORMANY  18. SCUILIT NO.  19. SCUI			D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?
15. West Deseased River in U. S. Almed Service    SECURITY NO.   17. INFORMANT   17. INFORMA				· ma		U.S.A.
The composition of the course of dates of service   SECURITY NOT.   SECURITY		13. FATHER'S NAME Robert : A	rate	14. MOTHERS MAIDEN NAM	e Be	erlin
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the made of dying, e.g., heeft foliute, ostherio, stc. it means the disease, inputy or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) sloting the UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH		15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv		Robert Kray	A cool Sha	dy the 187
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heert foliur, eshenic, et. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obave cause (A) stoling the UNDERLYING CONDITION CONTRIBUTING TO THE DISTANCE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISTANCE OR CONDITION CAUSING IT.  1379. DATE OF OPERATION  1379. DATE OF OPERATION  218. PLACE OF INJURY (e.g., in or obavil/210/AWHERE DID home, form, foctory, sheet effice bldg, INJURY OCCUR?)  210. THE UNDERLYING CAUSE OF CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE OF CONTRIBUTIO			CAUSE O	F DEATH		
Heart foliuse, esthenia, etc. It means the disease, injury or complication which caused death.]   ANTECEDENT CAUSES   (B)   DUE TO			Fib	nocaresus	como.	
injury or camplication which caused death.]  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obave cause (A) sloting the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19-A. DATE OF OPERATION 19-B. CONDITION FOR WHICH OPERATION 20-A. AUTOPSYTI'VES of Noil 20-B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFITING CAUSES, OF DEATH?  10 21-A. ACCIDENT WAS UNDERLYING home, form, foctory, street, office bldgs, INDURY OCCUR?  10 21-D. Thate (Month) (Doy) (Yead (Houl) 21-E. INJURY OCCURRED of NIJURY OCCUR?  11 22-D. Thate (Month) (Doy) (Yead (Houl) 21-E. INJURY OCCURRED of NIJURY OCCUR?  12 21-D. Thate (Month) (Doy) (Yead (Houl) 21-E. INJURY OCCURRED of NIJURY OCCUR?  13 22-D. Thate (Month) (Doy) (Yead (Houl) 21-E. INJURY OCCURRED of NIJURY OCCUR?  14 2-D. Thate (Month) (Doy) (Yead (Houl) 21-E. INJURY OCCURRED on that in (my) (our) opinian death occurred on the date ond hour and from the causes stoted above, (1) (We) (did) (did not) view the body after death.  14 2-D. Altending Med. (Doy) (Yead (Phys.) (23-B. DATE SIGNED (Phys.) (Phys.) (23-B. DATE SIGNED (Phys.)				Conn. On:	171	7
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost.    Other SIGNIFICANT CONDITION LOST RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.    19		injury or camplication which caused death.)	and the same of th	1 12 Pale		
UNDERLYING CONDITION last.    Control   Contro				h		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  U 19A. DATE OF OPERATION 19E. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or about 2) ON WHERE DID OR CONTRIBUTING CAUSE OF DEATH?  DEATH (notify medical examine)  OR CONTRIBUTING CAUSE OF INJURY (e.g., in or about 2) ON WHERE DID OR CONTRIBUTING CAUSE OF DEATH?  DEATH (notify medical examine)  OF INJURY (APPROX.)  While Al Work Al Work  Al Work  Al Work  Al Work  Al Work  Al Work  22. I certify that (1) (this hospital) attended the deceased from 19 (our) opinion death occurred on the date ond hour and from the causes stated above. (1) (We) (did) (did not) view the bady ofter death.  23A. SIGNATURE  23D. ADDRESS  NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY or CREMATORY 22D. LOCATION (City, town of county) (State)  24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY or CREMATORY 22D. LOCATION (City, town of county) (State)  25A. DATE REC'D BY HEACTH DEPT. 25E.NAME OF REGISTRAR 25C. FUNERAL DIRECTOR  ADDRESS  ADDRES		rise to the obave cause (A) stoting	at a second seco			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? I'Res of Nail 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES, OF DEATH?  21B. PLACE OF INJURY (e.g., in of obout 21G. WHERE DID (If in Balimote City, give exect locokon) home, form, foctory, street, office bldg., INDURY OCCUR?  21D. TIME (Month) (Doy) (Yeo) (Hou) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  21D. TIME (Month) (Doy) (Yeo) (Hou) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  21D. TIME (Month) (I) (this hospital) ottended the deceosed from 19 7 to 7 and that in (my) (our) opinian death occurred on the date ond hour and from the causes stated above. (I) (We) (did) (did not) view the body ofter death.  22A. SIGNATURE 23B. DATE SIGNED 23B. ADDRESS AMM OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRESS AND ATE REC'D BY HEACTH DEPT. 25B. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town of county) (State) Address Addre		UNDERLYING CONDITION last.				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES, OF DEATH?  21B. PLACE OF INJURY (e.g., in of obout) 21G. WHERE DID (If in Belimote City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?  21D. TIME (Month) (Doy) (Yeo) (Hou) 21E. INJURY OCCURRED OF INJURY OCCUR?  21D. TIME (Month) (Doy) (Yeo) (Hou) 21E. INJURY OCCURRED OF INJURY OCCUR?  21D. TIME (Month) (I) (this hospital) ottended the deceosed from 19 Z to 19 Z t		OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)    DEATH (notify medical examine)   hame, form, foctory, street, office bldg., INDURY OCCUR?			OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINE	DINGS CONSIDERED
21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (this hospital) ottended the deceased from that (I) (we) last sow the deceased olive on that (I) (we) last sow the deceased olive on that (I) (we) last sow the deceased olive on the date ond hour and from the causes stoted above. (I) (We) (did) (did not) view the body ofter death.  23A. SIGNATURE  23C. PHYSICIAN'S  MAME (Type)  23D. ADDRESS  MAME (Type)  24C. NAME of CEMETERY of CREMATORY  25C. FUNERAL DIRECTOR  ADDRESS  A		OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, of	n oi obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baftimore Ci	ty, give exect location)
22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last sow the deceased olive on last sow the deceased from last		Q 21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
thot (1) (we) last sow the deceosed olive on		(APPROX.)		e 🗌		
ond hour ond from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth.  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S  NAME (Type)  23D. ADDRESS  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  25A. DATE REC'D BY HEACTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS  25C. FUNERAL DIRECTOR  ADDRESS  25C. FUNERAL DIRECTOR  2		22. I certify that (1) (this hospital) attend	ed the deceased from	2/11/19	16710	12/12/1967.
23A. SIGNATURE  23A. SIGNATURE  Med. Director Phys.   23B. DATE SIGNED  23C. PHYSICIAN'S  NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specity)  25A. DATE REC'D BY HEACTH DEPT.   25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS  24D. LOCATION (City, low), of county)  25C. FUNERAL DIRECTOR  ADDRESS  25C. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ADDRESS  25C. FUNERAL DIRECTOR  ADDRESS				t in(my) (our) opinia	n death occurred on the dote	
23C. PHYSICIAN'S Phys. Diectol			e. (1) (We) (did) (did not) v	iew the body ofter deoth.	122	P. DATE SIGNED
23C. PHYSICIAN'S MAME (Type)  24A. BHRIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY OF CREMATORY  24D. LOCATION  (City, town of county)  (Stote)  25A. DATE REC'D BY HEACTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS		The state of the s		ending Med.	Stoff N	12/12/10
24A. BHRIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town of county) (Stote)  25A. DATE REC'D BY HEACTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRESS AND ATTEMPT A 1967 PO B & Fallence Mility Helium fair 2034 Collange		23C. PHYSICIAN'S	7-0 711		1	2/10/0/
By Heacth Dept.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS			TAZAR , WE	Church /	free Y	31760.
25A. DATE REC'D BY HEACTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR, ADDRESS		24A. BURIAL CREMATION. 24B. DATE	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City.	tow, or county) (Stote)
TELL A 1967 I'M DE STOLEREN & MULLY STEERING JOHN		Bunds the			delline	/
TELL A 1967 I'M DE STOLEREN & MULLY STEERING JOHN		25A. DATE REC'D BY HEACTH DEPT. 258. NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR	willand :	5024 Colleges
		VS 150-REV. 1/1/0FC 14 1967 06	Takeupa	& muy some	mullen -	M.

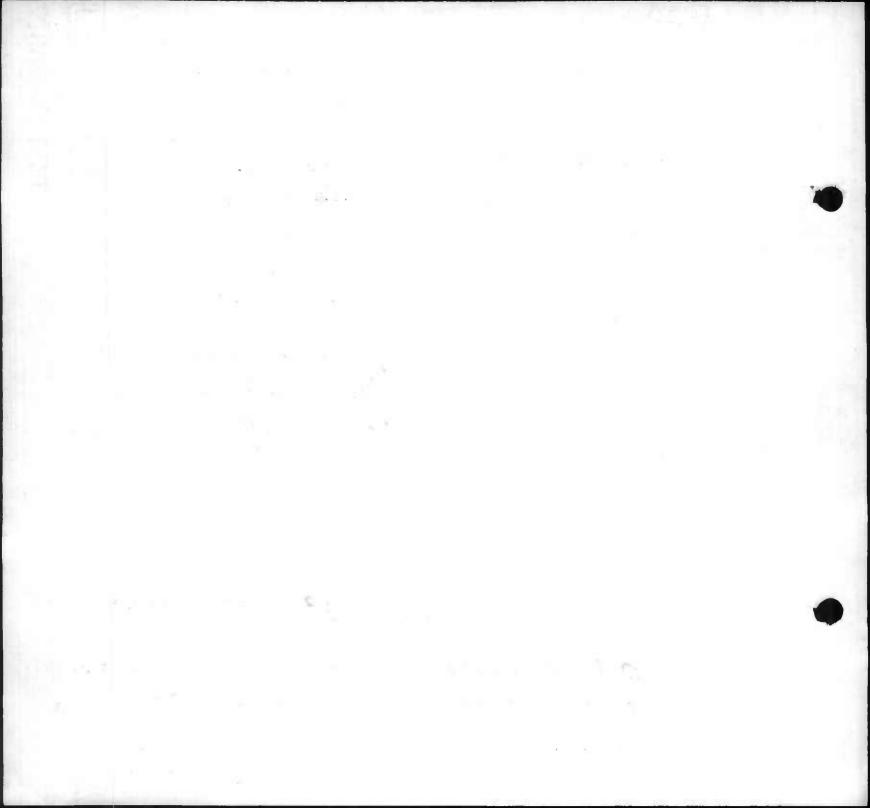


	D	172	C.W.			Y HEALTH DEPARTM	MENT	C7 43002			
	BIRTH	NO.	67	11994	CERTIFICA	TE OF DEA	TH Registered No.	67 11994			
	M.E. C	ASE NO.	ASED (GEORGI	E. PR			DATE AND HOUR OF DEATH				
	(Туре с	or Print)	EDRGE	PREC	HTEL		12/9/6	7 15:45 P.M.			
	3. PLA	CE OF DEAT	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDEN	CE (Where deceased lived, If i	nstitution: residence before odmission)			
	HOS	L NAME OF SPITAL OR TITUTION	flf not in hospital address or location		e street	MARYLAN c. city or town	(If outside city limits, write	RURAL ond give (wnship)			
	7		BALTIMORE CI		TAIS	BALTIMO		10-02			
4	3/	B. (	4940 FASTERN BALTIMORE 21		YLAND	D. STREET ADDRESS 1732 N.	(If rurol, give locotion) PAYSON STREET	#21217			
	5. SEX	7ALE	RACE	7. MARRIED, N	EVER MARRIED DIVORCED (specify)	oct. 18 1	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.			
			ATION (Give kind of work orking life, even if retired)	10B, KIND OF B	USINESS OR INDUSTR	Y 11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
		okkee		Ret	ired	Baltimo	re, Maryland	USA			
	13. FA1	THER'S NAM				14. MOTHER'S MAIL					
		Jol	nn F. Precl	ntel			lena Witteki				
	15. Wo: (Yes, no	5. Wos Deceased Ever in U. S. Armed Forces? fes,no orunknown  (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.			17. INFORMANT	17. INFORMANT Catherine Prechtel ADDRESS MD.					
	N	NO 219 32 2088 A				RECORDS: E	RECORDS: BCH 4940 EASTERN AVE. BALTO. 21224,				
	18.	18. 42 2 1 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH									
		LEADING TO DEATH  (A) UNKNOWN - SUDDEN									
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.									
		Chis does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  (A) UNKNOWN - SUDDEN  DUE TO  (B) Containing the contain									
	ANTECEDENT CAUSES  (B) Controllerous (BS) ASCVD  DUE TO							/ASCVI)			
DISEASES OR CONDITIONS, if any, giving											
			CONDITION last,	staling the	(C)		• • • • • • • • • • • • • • • • • • • •				
		- 67	- 11								
	E Te	O THE DE.		TED TO THE							
	V 19	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION				20 A. AUTOPSY? ()	(es or No) 20B. IF YES, WERE	FINDINGS CONSIDERED			
	ERTIFIC 184	198. CONDITION FOR WHICH OPERATION WAS PERFORMED				N	IN CERTIFYING C	AUSES OF DEATH?			
	U 21	R CONTRIBUT	WAS UNDERLYING CAUSE OF	21B, Pl home, etc.)	ACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. WHER office bidg., INJURY OC	E DID (If in Boltimo	re City, give exoct locotion)			
1	21	D. TIME	(Month) (Doy) (Year)	(Hour) 21 E, 11	NJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?				
	>	PPROX.)		While Work	At Wor						
	22	. I certify t	hat (1) (this hospital	) attended the	deceased from	12/6/67	19to	12/5 1967.			
			ast sow the decease		12/9	19 67		inion death accurred an the date			
	an	nd hour and	from the couses stot	ed_above((I))	We) (did) (did nat)	view the body after	death.				
	23/	A. SIGNATUR	1	1				238. DATE SIGNED			
		10	w Micke	lon		ys. Med. Direct	tor Phys.	12/9/67			
	23	NAME (Ty	DR. PAU	L MICHELS	ON	23D. ADDRESS	BALTIMOR	E 21224, MARYLAND			
		0	AUL MI	CHEL	SON M.D	BALTIMORE (		940 EASTERN AVENUE			
	24A. B	URIAL CREM	ecify)		AE of CEMETERY or C	REMATORY	24D. LOCATION	City, town, or county) (State)			
		Burial	12/12,		reenmount		Baltimore,	Maryland			
	25A. D	EC 14	1967 Poly	5 E. Fai	REGISTRAR BeuMA	HENRY	SANDER & SONS	INC. ADDRESS			
1	V\$ 150	)-REV. 1/1/65				BALTIM	UME, MARYLAND				



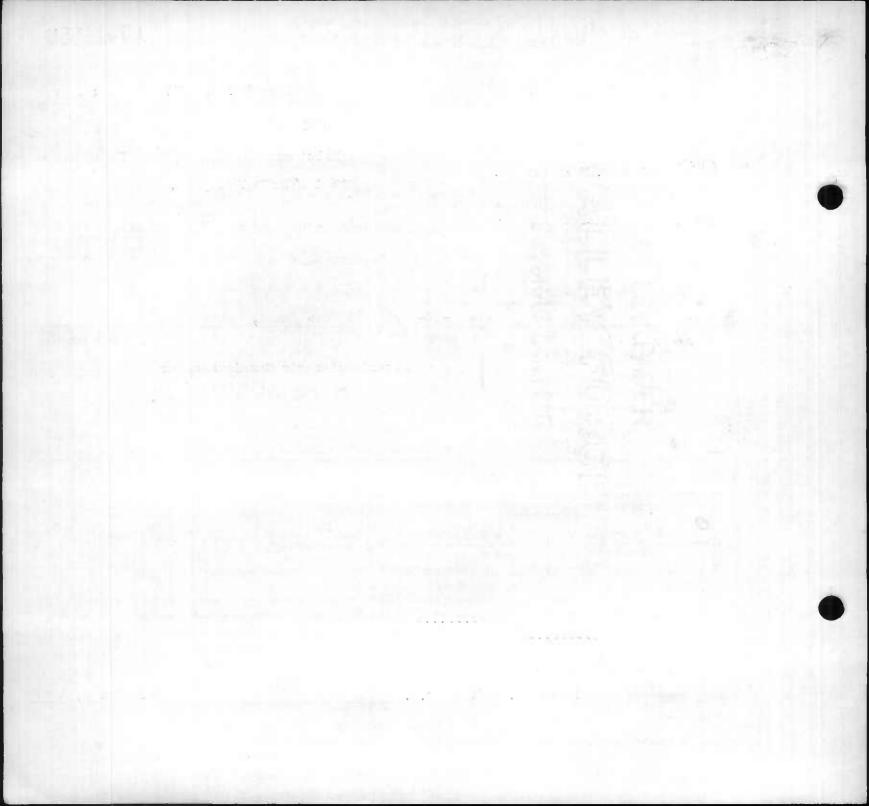
pur	ath	sed	the	nch		1
spital c	e of de	Deced (	nce on	eath. S		( )
in a ho	g cause	ause; (5	ttendai	or to d		
ccurred	tributin	mined c	gular	sed pri	made.	H=,
death o	or con	Jndeter	as in re	decea	sition is	
lant if c	e direct	nd; (4) L	ath we	on the	odsip la	1
nis assis	o, if the	fany ki	nced de	endance	d or fine	
ner or	ner. Als	acture	pronou	ilar att	nbalme	
exam	examir	(3) A fre	n who	in regu	s are er	
approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	burns;	physicia	an was	remain	
he chief	I by a	(2) Body	ere the	physici	fore the	
ved by t	hospita	nature;	ept whe	ON (9) F	ained be	
e appro	d to the	of any	tal (exc	th); and	t be obt	
must b	released	accident	a hospi	r to dea	val mus	
This certificate must be	the body was released	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
This ce	the bo	shows	Was D	deceas	writte	

		Pann		BALTIMORE CITY	HEALTH DEPARTMENT		
	BIRT	TH NO. 67	1199	5 CERTIFICA	TE OF DEATH	Registered No.	48 67 11995
	1, N	E CASE NO.	CADIM	OLA NOVELLA	DEESE ) 2. DATE A	AND HOUR OF DEATH	07 11000
	(Тур	Capitola Reese	CAPII	ODA MOVELLA	12-12	-67 12:40	M
		PLACE OF DEATH IN BALTIMORE, MAI			A, STATE B, COU		stitution: residence before odmission)
	ŀ	FULL NAME OF (If not in hospital of oddress or location INSTITUTION		give street			RURAL ond give towardip)
	5	10			Baltimore D. STREET ADDRESS	21218 If rurol, give location)	1201
	1	Bolton Hill Nursing a	and Cnn	valescent Cent		D3	
	5. S		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
		Female White	sing		Apr. 4.1881	lost birthdays	Months Doys Hours Min.
		N. USUAL OCCUPATION (Give kind of work to during most of working life, even if retired)	10B. KIND 0	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
		Seamstress			Maryland		USA
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
2	1	Thomas Henry Reese			Novella Hane	V	
	15.	Was Deceased Ever in U. S. Armed Forms, no or unknown) (If yes, give wor or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		no		214-54-9479	Mrs. Novella		ltimore 21218
		18.450.01		CAUSE O	F DEATH	I Place, Ba.	INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIR	ECTLY			0. 0.10	
		LEADING TO DEATH (This does not mean the mode of	dying, e.g.,	(A)	12-enerva	& your end	14-82/1-
		heart failure, asthenio, etc. It means injury or complication which coused	the disease,	,	Generalizada	1 0	
		ANTECEDENT CAUSES		(B)	Jerentizeka	Mischerolo	2 Chi
0		DISEASES OR CONDITIONS, if	ony, giving		0 . 0.	~ 1 0 -0	
3		rise Ia the obave cause (A) UNDERLYING CONDITION lost,	slating the	(C)	Kyric fl	r-Y farthy	TLANS
	-	11					.//
	Z O	OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTIN	G			
	ATI	DISEASE OR CONDITION CAUSING I	Т.				
	CERTIFICATION	19A. DATE OF OPERATION 19B. CON WAS PERI		WHICH OPERATION	20 A. AUTOPSY? (Yes or		FINDINGS CONSIDERED LUSES OF DEATH?
	CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of ,)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	e City, give exact location)	
3		21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
	\$	(APPROX.)	WI	hile AI Not While AI Work			
		22. I certify that (1) (this hospital	) attended t	the deceased from	11/22	1965 to	12/12/1967
		that (1) (we) last saw the decease	d alive on	12/12	19.6.7 and	that in(my) (our) op	inian death occurred on the date
		and haur and from the causes state	ed obove. (	I) (We) (did) (did not) v	lew the body ofter death	1.	
		23A. SIGNATURE	21	4 4 4 -			23 B. DATE SIGNED
		al III	11/and	M.D. After	ending Med. Director	Phy s.	14/3/67
		23C. PHYSICIAN'S NAME (Type)	-	4-	23D. ADDRESS	7 . 1 . 0	
2		ALLAN	11-19.	ACHT M.D.	26.12	641 5	1 2/203
3	244	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. N	AME of CEMETERY or CRI	EMATORY 24D.	LOCATION (C	ity, town, or county) (State)
		Burial Dec.14.	1967 L	oudon Park (	Cemetery	Baltimore	Md.
	25A	A. DATE REC'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
	Ve	150-REV. 1/1/65	W -'	Carlosy MA	Baltimore	Md.	
	A 3						



67 11996 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7 11996

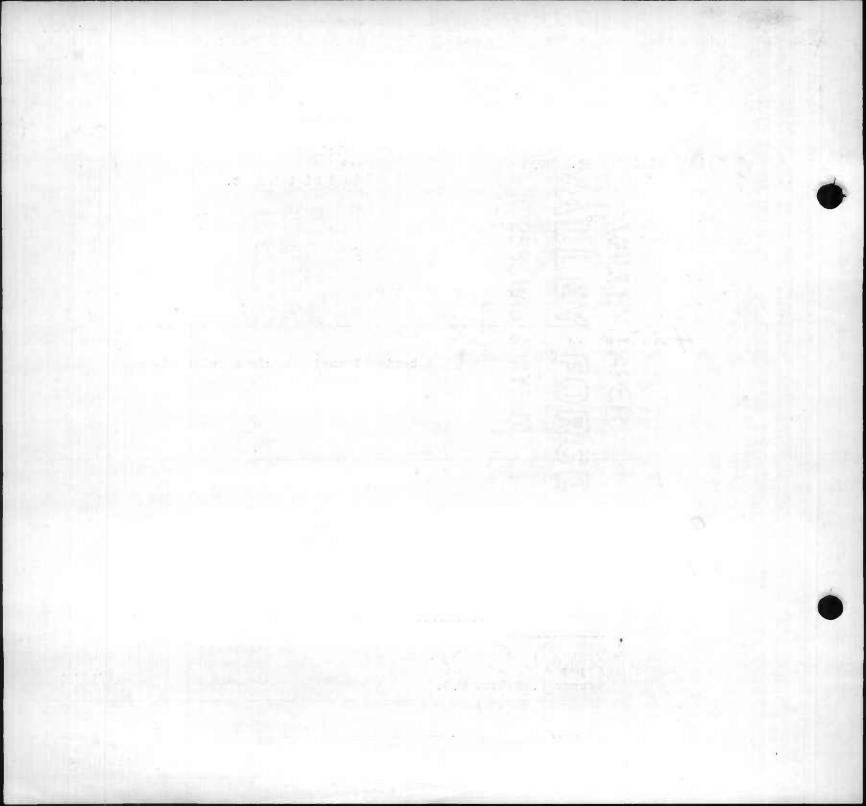
M.	CASE NO.							
	NAME OF DECEAS	ED				2. DATE AND HOUR PRONOUN	CED DEAD	
		VIOLA JA	MES			December 8, 196		1:45 a M.
3. P	LACE IN BALTIMO	RE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE		YTHUC	
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU TION)	TION, GIVE STREET		yland viv (II outside corporate limits, w	ite RURAL and gi	to wn ship)
(	0 662	West Mulbe:	rry St.		D. STREET ADDI	ESS (Il rurol, give locotion)		
5. S	EX 6. R	ACE		NEVER MARRIED	8. DATE OF BIRTI	West Mulberry St  9. AGE (In year lost birthdoy)	s II Under 1 Y	r. II Under 24 Hrs. s Hours Min.
IOA				rated BUSINESS OR INDUSTRY		State or foreign country)	12. CITIZEN C	
don	during most of working	-		Footom	M7		WHAT C	DUNTRY?
13.	FATHER'S NAME	Seamstre	55	Factory	14. MOTHER'S M	AIDEN NAME		A
	Robert	Gaines			Harriet 17. INFORMANT			
		VER IN U.S. ARMED es, give war ar dote		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	no			213-12-3403	M's Rosa	a James, same		
MEDICAL CERTIFICATION	CTHIS does not a heart foilure, ast injury or complic injury or complic ANTE DISEASES OR RISE TO THE ABUNDERLYING OTHER SIGNIFIC TO THE DEADISEASE OR CO.	WAS PERI	dying, e.g., the disease, deoth.)  NY, GIVING TATING THE  CONTRIBUTIN ATED TO THE IT. DITION FOR W FORMED  218. P home, etc.)	(A)Art  OUE TO  (B)  DUE TO  (C)	20A. AUTOPSY NO in or obout 21C. V	Disease  Property of No. 208. IF YES, WERE IN CERTIFYING CAR THERE DID (If in Boltimore City, OCCUR?	FINDINGS CONS	?
	OF INJURY (APPROX.)  22. I certify resulted ACTUAL SIGNATURE EXAMINER'	that I held on Infrom: Notural con	m, W	Inspection X Aut  Cocident Suicide  M. D.	opsy Once Homici CHIEF M ASSISTANT M	I that on this bosis, death in de Undetermined mor EDICAL EXAMINER EDICAL EXAMINER	nner D	ATE SIGNED
	NAME (Type Burial CREMAT MOVAL (Specify) Burial		230	Llson, M.D.  NAME of CEMETERY of  Mt Auburn (	Cemetry	23D. LOCATION (Ci Baltimore l	ty, town, or count	r 8, 1967 y) (Stote)
		14 1967		E Fally 14	24C. FUNER	AL DIRECTOR Halstead 1206 V	North A	
VE	151-REV 1/1/65							



67 11997.

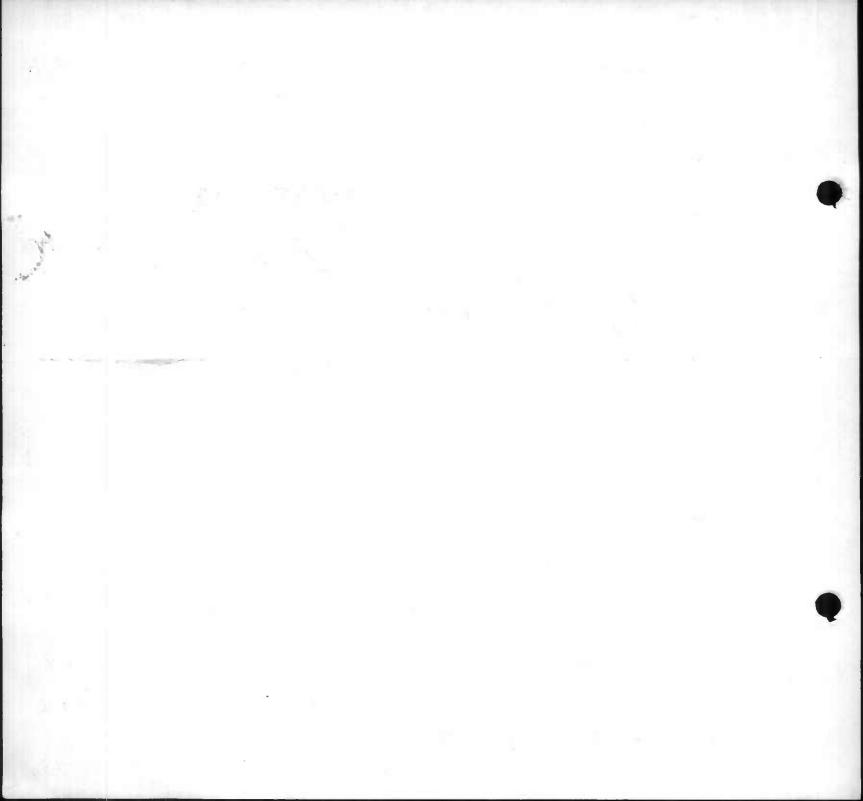
67 11997 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.		· · · · · · · · · · · · · · · · · · ·				25.42		
1. NAME OF DEC	EASED				2. DATE AND HOUR PRONOUNCED			
JAMES		н.	PAU		December 10, 1967			
FULL NAME OF HOSPITAL OR NSTITUTION	MORE MARYLAND, W  (IF NOT IN HOSPITA ADDRESS OR LOCA  rision St. (D	AL OR INSTITU TION)		A. STATE Maryla C. CITY OR TON Baltim	WN (If outside corporate limits, write RU	ry		
				1848 D	ivision St.			
Male	Negro	WIDO WED, D	NEVER MARRIED DIVORCED (specify) OWED	8. DATE OF BIRT	H 9. AGE (In years last birthday) 78	If Under 1 Yr. If Under 24 Hr Manths, Days, Hours, Min.		
OA. USUAL OCCU	PATION (Give kind of work Wrking life, even if retired)		ruction		(State or foreign country) Carolina	2. CITIZEN OF WHAT COUNTRY? USA		
3. FATHER'S NAM Fr ank				14. MOTHER'S M Hatti				
	EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		DDRESS		
res, no acunknawn.	, ca, give wor or dote	of service/	3200411110.	Mrs Gu	ierthiner Keels 3711	. Chesolm Rd		
1B. /	2,11		CAUS	E OF DEATH		INTERVAL BETWEEN		
RISE TO THE UNDERLYIN	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)							
_	OPERATION 19B. CON WAS PER	DITION FOR V	VHICH OPERATION	20A, AUTOPSY	(? (Yes or No.) 208, IF YES, WERE FIND IN CERTIFYING CAUSES			
21A, EXTERNAL UNDERLYING CAUS	OR CONTRIB-	21 B. home, etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21 C. V	WHERE DID (If in Boltimore City, give	exoct locotion)		
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Year			WHILE WORK	OW DID INJURY OCCUR?			
ACTUAL SIGNATI EXAMIN	ER's Werner	[77]	ccident Suici	CHIEF M	d that on this basis, death in my ide Undetermined manner EDICAL EXAMINER EDICAL EXAMINER			
NAME (1 23A, BURIAL CREA REMOVAL (Specily B urial	AATION, 23B, DATE		C. NAME OF CEMETERY		23D. LOCATION (City, to Baltimore M,	own, or county) (Stote)		
24A. DATE REC'D			Arbutus Mem of REGISTRAR	24C. FUNER	AL DIRECTOR  1 phus Halstead 1206	ADDRESS W North Ave		
VS 151-REV. 1/1/6						*		



	•	FUNERA	FUNERAL DIRECTOR: IMPORTANT	IW:	ORTA	1Z	•		5	N SEXT	(
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	pproved by	the chief me	edical examine	r or hi	s assista , if the	nt if d	eath occur or contrib	red in a uting ca	hospita iuse of	l and l	1
shows: (1) An accident of	any nature;	(2) Body bu	irns; (3) A fract	ure of	any kind	1, (4) U	Indetermin	ed cause	(5) Dec	eased 1	1.
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	; and (6) No	physician	was in regula	r atte	ndance o	on the	deceased	prior to	death.	Such	-1
written approval must be obtained before the remains are embalmed or final disposition is made.	e obtained b	efore the re	mains are emb	almed	or final	dispos	ition is ma	de.			-

. 1	67 11500	BALTIMORE CITY HE	ALTH DEPARTMENT		
8	RTH NO.	CERTIFICATI	OF DEATH	Registered No.	67 11998
	LE CASE NO.	CERTIFICATI			
	NAME OF DECEASED ype or Print)	Ca 1/100	2. DATE AF	NO HOUR OF DEATH	10 V
1	PLACE OF DEATH IN BALTIMORE, MARYLAND	DCM TEL	HELIAL BESIDENCE (Wh	14,67	itution; residence before odmission)
11	TEACE OF BEATH IN BALLIMORE MARKETINE	Ä	STATE B. COUN	TY	monon, residence before odmission/
	FULL NAME OF (If not in hospital or institution, give	street	MARY AND.		21030
-	HOSPITAL OR oddress or location) INSTITUTION	C	CITY OR TOWN (IF-bu	tside city limits, write RU	IRAL ond give township)
	49		BALTIMOR	<b>2</b>	15-02
	1. (11 O) 1 C . W	D.	STREET ADDRESS (If	turol, give location)	
	MON TH CHAMES GENERAL		16045, Ch	AMES St.	
5	SEX 6. RACE 7. MARRIED, NEV	VER MARRIED VORCED (specify)  B. I	DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys   Hours   Min.
	Searche white wido		10-5-85	23	
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY 11.	BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewite	1	Marylan	4.	WILL COUNTRY
1		g 14.	MOTHER'S MAIDEN NA	ME	
	Jesse Pedu	HOND	1	h1 (1)	006
	Redmond 20056		2001	>A C A	7/1 /
ľ	es, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	INFORMANT		ADDRESS
	1216-05-6110Dan	14-50-2134	Chart N.C.	C-H.	
1	18. 2 3 / X   6	CAUSE OF D	EATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	1	R	0	ONSET AND DEATH
	LEADING TO DEATH	(A) Cere	orovate	lla.	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	cedent		
1	injury ar complication which coused death.)	Can	2-8-1	Laterian.	
	ANTECEDENT CAUSES	DUE TO	- The state of the		
11	DISEASES OR CONDITIONS, if ony, giving				
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)			•••••••••••••••••••••
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	H OPERATION	20 A. AUTOPSY? (Yes or No	20B, IF YES, WERE FI	NDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE		No	IN CERHFIING CAU	JES OF DEATH!
	OR CONTRIBUTING CAUSE OF	CE OF INJURY (e.g., in or	obout 21 C. WHERE DID	(If in Baltimore	City, give exact location)
	DEATH (notify medical examiner)	, ruesery, sheet, dince	and the second		
Ш	21D. TIME (Month) (Dov) (Year) (Hour) 21E INI	URY OCCURRED	21F. HOW DID INJ	IURY OCCUR?	
	OF INJURY (APPROX.) While A	Not While			
	W OIK	Al Work	. ) '>	1015. 10	\W 10
	22. I certify that (I) (this haspital) ottended the d			19 62 10 12	- 14 19 47
	that (!) (we) lost sow the deceased alive on			nat in (my) (our) opin	ion death occurred on the dote
	ond haur ond fram the couses stated obove. (1) (W	e) (did) (did not) viev	the body ofter deoth.		
	23A. SIGNATURE	T			23B. DATE SIGNED
	T. C. Aguno	Jr . M.D. Attendir	Med. Director	Stoff Phys.	12-14-67
1	23C. PHYSICIAN'S NAME (Type)	23 D	. ADDRESS		
	7 . 1 1 VV 1 .	M.D.	1022. F	and his	BALL DINZA
12	AA BURIAL CREMATION, 248. DATE 24C. NAME	of CEMETERY or CREMA		OCATION (City	, town, or county) (State)
	Bremoval (Specify) Do Jar Was	TORN Cem	Bo	els har -2/20	3
1	SA, DATE REC'D BY HEALTH DEPT.  258. NAME OF RI		25C FUNERAL DIRECTO	CURTIS E_E	VANS ADDRESS
	250 1 1 10CT A A & C . I.	0	To la Company	1600 81	Garles 2/230
	110 14 190/ ((Lucy 5 2, 40	AUGUS (C)	Lines	TOO THE	4-1-01/20
V	5 150-REV. 1/1/65		39 11		



BIRTH NO.	MEDI	ICAL EX	(AMINER'S C	ERTIFICAT	TE OF D	EATH Registe	ered Na	Ol TIGO
M.E. CASE NO.								
1. NAME OF DECEASED (Type or Print)				2. DATE AND HOUR PRONOUNCED DEAD				
JOSEPHINE I. WILLIS  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				December 11, 1967   8:30 a M.  4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before odmission)  A. STATE  B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
0 0 242	N. Rose St.	D.O.A		D. STREET ADD		give locotion)		0 07
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRT	N. Rose	9. AGE (In years	If Under	1 Yr. If Under 24 Hrs.
Female	White		DIVORCED (specify)	1/18/05	5	lost birthdoyl	Months	Poys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRI dene during most of working life, even if retired) I rai ned Nurse			RY11. BIRTHPLACE (Stole or foreign country)  New York State  12. CITIZEN OF WHAT COUNTRY? U.S.A.				COUNTRY?	
13. FATHER'S NA				14. MOTHER'S M			0.5	• • • • • • • • • • • • • • • • • • • •
J.Kos	е			unk.				
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO. 452 -44 -2635	17. INFORMANT	1/00	242 N	ADDRESS	st.
11B. / ~				OF DEATH	Willes	Bally	rin	INTERVAL BETWEEN
DISEASES RISE TO THE UN DERLYI  OTHER SIC	LEADING TO DEATH not meon the mode of e, osthenio, etc. II meons pomplication which coused  ANTECEDENT CAUSE: OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' NG CONDITION LAST.  II SNIFICANT CONDITIONS DEATH BUT NOT REI	dying, e.g., the discose, deoth.)  S NY, GIVING TATING THE CONTRIBUTII			5 Cl			
19A. DATE O	F OPERATION 198, CON WAS PER	DITION FOR	WHICH OPERATION			OB. IF YES, WERE FI N CERTIFYING CAU		
UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21C. V	WHERE DID (II	f in Baltimore City, gi	ive exoct loc	otion)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo		WHILE AT NOT NORK	WHILE	OW DID INJUI	RY OCCUR?		
22.	rtify that I held an I	nquiry 🗌	Inspection X Au	tapsy an	d that on this	basis, death in i	my apinlan	
resu	Ited fram: Natural ca	use	ecident Suicid	le Hamici	ide U	ndetermined mann	er _	
ACTUA	Elipi	14-1	11/2.0		EDICAL EXA			DATE SIGNED
SIGNAT	TURE COUNTY	00 -1	M.D	ASSISTANT M				
EXAMII NAME (		rd F. W:	ilson, M.D.	ASSOCIATE M	MEDICAL EX.	AMINER	Decemb	er 11, 1967
23A. BURIAL CRI REMOVAL (Specif	EMATION, 23B. DATE		Chame of CEMETERY	CEMPTER	23D. LO	historia	town, or co	ounty) (Stote)  A li. md.
DEC 1	4 1967 Pole	24B. NAME	OF REGISTRAR	711	is b. le	Illiam É	hestal	ours are

0.00 %

42-42-11 B

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contribution	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined a	was D.O.A. at a hospital (except where the physician who pronounced death was in regular a	deceased prior to death); and (6) No physician was in regular attendance on the deceased pric written approval must be obtained before the remains are embalmed or final disposition is made.	
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10	1-250			HEALTH DEPARTMENT		051 43300		
BIRT	H NO. 67	12000	CERTIFICA	TE OF DEATH	Registered No.	67 12000		
	AME OF DECEASED		OLICITI IC/C		AND HOUR OF DEATH			
	81.0	TCKHAM			12-9-67	P.F.I D		
ANN IE M. WICKHAM  3. PLACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL RESIDENCE (W	here deceased lived. If	in stitution; residence before odmission)			
				A. STATE B. COL	YTNU	·		
F	ULL NAME OF (If not in hospital OSPITAL OR oddress or location		give street	MARYLAND				
10	INSTITUTION BALTIMORE CITY HOSPITALS			C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
4	4940 EASTERN	AVENUE		D. STREET ADDRESS	(If rurol, give location)	000 00		
-	5 / BALTIMORE, 1			304 S. CONK	and the second	#21224		
5, S		7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years			
F	EMALE WHITE	MARRI	DIVORCED (specify)	3-13-97	70	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	USUAL OCCUPATION (Give kind of word during most of working life, even if retired)	k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
10111	during most of working me, even it remed)			VIRGINIA		USA		
3.	FATHER'S NAME			14. MOTHER'S MAIDEN N	0022			
	TARGE ATTOM TO			0.117	**** 011			
5 1	JAMES AUST I		1 6. SOCIAL	SALLIE MC C	ULLOH	ADDRESS		
Yes	,no or unknown) (If yes, give wor or dote	es of service)	SECURITY NO.			21224 PRESS		
			217-54-0671-1	RECORDS-BCH-4	940 EASTERN	AVENUE_BALT IMORE, MD		
	18.41 20 1 I		CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DI	RECTLY	. 1.		1			
	LEADING TO DEATH (This does not meen the made of	dvina ea	(A)	10 CP1210 1000	INFO MO	.~_		
	heart failure, asthenia, etc. It means	the disease,						
	injury ar camplication which caused		ART	TEMPOSILOROTIC	Hoper Dis	Pos - 20 Monor		
	ANTECEDENT CAUSES		DUE TO	***************************************				
E	DISEASES OR CONDITIONS, if rise to the above cause (A)		(C)					
	UNDERLYING CONDITION last.		1.3.					
_	- 11							
ATION	OTHER SIGNIFICANT CONDITIONS OF	CONTRIBUTION	G F					
CAT	DISEASE OR CONDITION CAUSING	IT.		T00.4	44 V 000			
ERTIFIC	19A. DATE OF OPERATION 19B. CON		WHICH OPERATION		IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?		
CERI	21 A. ACCIDENT WAS UNDERLYING	7 7218	DIACE OF INITIBY	or obout 2) C. WHERE DID	Of in Published	YES.		
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hom etc.	ie, form, foctory, street, of	fice bldg., INJURY OCCUR?	(II III DUINING	ore City, give exoct loconom		
EDIC	21 D. TIME (Month) (Doy) (Year)	(Hour) 21E,	INJURY OCCURRED	21 F. HOW DID 1	NJURY OCCUR?			
ME	OF INJURY (APPROX.)		ile At Not Whil					
		Wo		D 21				
	22. I certify that (1) (this hospita	1) attended t	he deceased fram	nec - ET	.19 64 Ta	19 Ge 7		
	that (1) (e) lost sow the decease	ed alive on	Men I	5 19 4-7 and	that in (my) (out) ap	pinion deoth accurred on the dat		
	ond haur ond fram the causes sta	ted above.	(We) (did) (did nat) v	iew the bady after deat	h.			
	23A. SIGNATURE	, 4				23B. DATE SIGNED		
	Duly D. K	rent	M.D. Atte	nding Med. Director	Stoff Phys.	12/9/07		
	23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS				
		TOER	M.D.	BCH-4940 EASTE	RN AVENUE BA	ALTIMORE.MD. 21224		
24A	DR. SIDNEY D. KRE BURIAL CREMATION, 248. DATE		AME of CEMETERY OF CRE			City, town, or county) (State)		
	REMOVAL (Specify)	12			,			
25.4	Quria 12 12	67 100	140 Ceme	tery	0.8	ADDRESS		
ZJA	DEC 1 4 1967 O	25B. NAME C	OF REGISTRAK	250 FUNERAL DIRECT	7 -	ADDRESS		
	ord - I would have	Mrc. do	when the	Joseph 17	31 premer	200 or Coulle		
VS	150-REV. 1/1/65			( )	6 1	21-		

